

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FOR LESS CO

MAR 0 1 2009

November 14, 2007

Honorable Michael T. McRaith Director of Insurance Illinois Department of Insurande SPRINGFIELD, ILLINOIS

320 West Washington Street, 4th Floor Springfield, Illinois 62767-0001

Attn: Mr. John Gatlin

Supervisor, Property and Casualty Compliance Unit

American International Companies® **DBG Legal Services** State Filings Department 175 Water Street, 17th Floor

New York, NY 10038 212.458. (Direct Dial)

RECEIVED

NOV 2 7 2007

10FPR (MPC) DIVISION OF INSURANCE

RE:

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

NAIC #012-19445, FEIN #25-0687550

Psychiatrists Professional Liability Program

Rates

Our File Number: AIC-07-EO-15

Dear Mr. Gatlin:

National Union Fire Insurance Company of Pittsburgh, Pa. (the "Company") has on file with your Department its Psychiatrists Professional Liability Program (the "Program"). The Company submits, for your review and approval, its rates to be used with this Program. Please be advised that this filing replaces the rates currently on file with your Department.

In addition, we are revising our manual rules for this Program. Please refer to the attached actuarial materials, and company manual for information about the rates and rules included in this submission.

This program will provide professional liability coverage to members of the Psychiatrist's Purchasing Group, Inc.

We wish to make this filing effective for all policies effective on or after December 20, 2007, or the earliest date permitted by your Department.

Your favorable consideration and approval are respectfully requested.

Sincerely,

lyne Harry Myron Harry Filings Analyst

State Filings Department Direct dial (212) 458-7057

Fax No.: (212) 458-7077

myron.harry@aig.com

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	12/20/07
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$3,342,225	-5.5
4.	Burglary and Theft	\$3,342,223	-3.3
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		***************************************
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does This	filing only apply to certain territory (terr filing applies to all territories	itories) or certain classes? If so, specify:	
Brief This	description of filing. (If filing follows ra filing proposes a rate and rule revision t	ates of an advisory organization, specify or o its Psychiatrists Professional Liability Pr	rganization): rogram.
** C	djusted to reflect all prior rate changes. hange in Company's premium level whice	ch will	

result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV 27 2007

SPRINGFIELD, ILLINOIS

National Union Fire Insurance Compay of Pittsburgh, Pa.

Name of Company

Myron Harry - Filings Analyst Official - Title

H29219D

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

of

I, Adam C. Reed, a duly authorized officer of National Union Fire Insurance Company of Pittsburgh, Pa., am authorized to certify on behalf of the Company making this filing that, to the best of my knowledge and belief, all documents contained herein comply with the Illinois laws, regulations and bulletins applicable to this filing.
Peter McNamara, a duly authorized actuary of National Union Fire Insurance Company of Pittsburgh, Pa., am authorized to certify on behalf of National Union Fire Insurance Company of Pittsburgh, Pa., making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the Illinois laws, regulations and bulletins applicable to this filing the policy rates that are the subject of this filing.
Assistant Vice President
Signature and Title of Authorized Insurance Company Officer Date
Signature, Title and Designation of Authorized Actuary 11/15/07 Date
nsurance Company FEIN 25-0687550 Filing Number <u>AIC-07-EO-15</u>
nsurer's Address 70 Pine Street
City New York State New York Zip Code 10270
Contact Person's: Name and E-mail <u>Myron Harry</u> myron.harry@aig.com
Direct Telephone and Fax Number(212) 458-7057 (212) 458-7077

Neuman, Gayle

From: Neuman, Gayle

Sent: Tuesday, March 10, 2009 10:10 AM

To: 'Harry, Myron'

Subject: RE: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #AIC-07-EO-15

M. Harry,

I will stamp the filing as "filed" on March 1, 2009. I will send you back your stamped copy.

Gayle Neuman Division of Insurance

From: Harry, Myron [mailto:Myron.Harry@AIG.com]

Sent: Tuesday, March 10, 2009 9:57 AM

To: Neuman, Gayle

Subject: RE: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #AIC-07-EO-15

Ms. Neuman,

This filing has not been utilized. Can we have a March 1, 2009 effective date. Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Tuesday, March 10, 2009 10:18 AM

To: Harry, Myron

Subject: FW: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #AIC-07-EO-15

M. Harry,

No response has been received to the attached e-mail. Please respond at your earliest convenience.

Gayle Neuman Division of Insurance

From: Neuman, Gayle

Sent: Thursday, March 05, 2009 11:08 AM

To: 'Harry, Myron'

Subject: National Union Fire Ins Co of Pittsburgh, PA - Rate/Rule Filing #AIC-07-EO-15

Mr. Harry,

The review of the above referenced submission is now complete and it can be stamped as "filed". Did you utilize the filing as of December 20, 2007? Or do you want to use a different effective date? Please advise.

Gayle Neuman

Property & Casualty Compliance, Division of Insurance Illinois Department of Financial & Professional Regulation (217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Division's website at idfpr.com.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

Property & Casualty Transmittal Document

1	1. Reserved for Insurance 2.			2. Insurance Department Use only					
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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Co	mpany Tracking #	AIC-07-EO-15	

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The Company listed in item 4 above submits for your review and approval its proposed base rate change, and revised manual rules.

Please refer to the attached explanatory memorandum and actuarial materials for information about this filing.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULL

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

1	(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) 1. This filing transmittal is part of Company Tracking # AIC-07-EO-15								
<u> </u>									
2.	2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)								
	□ Rate Increase ⊠ Rate Decrease □ Rate Neutral (0%)								
3.	Filing	Method (Prior	Approval.	File & Use.	Flex Band.	etc.)			
4a.				te Change I		f_	Proposed)		
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Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: Gayle.Neuman@illinois.gov

Rule 1. Rating Profile Items

A member may receive the FYIP, SYIP, TYIP (&/or MILITARY) only once. The discount applies to the first (second or third) year immediately following the completion of residency or fellowship, regardless of interruption of time.

A member may receive the MIT discount more than once. The requirement is that the member is eligible for the MIT so long as the APA has reclassified his/her membership status accordingly.

If both an active part-time credit and an active F,S, TYIP credit are among the rating profile items, the higher credit of the two shall apply.

MIT credit cannot be combined with a part-time credit.

The current listing of Rating Profile Items (Program discounts, surcharges, credits & debits), is as follows:

Neurology with Special Procedures	4x Psychiatrist Base Premium			
Child & Adolescent Psychiatry (C&AP)	15% Premium	n Discount		
Early Career Psychiatrists (includes military) Occurrence, Modified Occurrence and Claims-made Pre-Paid Tail Policies only	FYIP SYIP TYIP	60%Credit 40%Credit 35%Credit		
Early Career Psychiatrists (includes military) Claims-Made Policies only	FYIP SYIP TYIP	50%Credit 25%Credit 25%Credit		
Member in Training (MIT)	50%Credit			
Part-Time Practice	1-10 Hours 11-15Hours 16-20Hours	50%Credit 40%Credit 30%Credit		
Experience & Schedule Rating Program	See separate s	sections		
Psychoanalytic Certification	5%Credit			
Risk Management Seminar	5%Credit			

manual pas changed 1/30/09

Rule 2. Vicarious Liability

The additional premium for vicarious liability coverage is determined as follows:

VICARIOUS LIABILITY Additional Premium for Separate Limit (Policy Coverage B)

No. of Employees/Independent Contractors	Percent of final individual modified premium
0-3	10%
4-10	25%
11-25	50%
Over 25	100%

VICARIOUS LIABILITY Additional Premium for Shared Limit (Policy Coverage A)

ent of final individual modified premium
5%
15%
25%
100%

Rule 3. Premium Rounding

All premiums shall be rounded to the nearest whole dollar. Amounts that are less than 50 cents shall be dropped. Increase amounts that are 50 cents or more to the next whole dollar.

Rounding procedures to be followed are taken from the Insurance Service Office, Inc. rules.

RATES: Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill, e.g., .1245 = .125

PREMIUM: Round the premium for each coverage for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over the next higher whole dollar.

	,	·
Rule 4.	Maximum 50% C	3 * 4
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Maximum 50% credit (discount) applies subject to the following exclusions:

First Year in Practice (FYIP is 60%)
Experience factor is not included
Schedule factor is not included
Psychoanalytic Cert. factor is not included
Risk Management Seminar factor is not included
Child and Adolescent (C & AP) is not included

Rule 5. Prior Acts Endorsement

The following rating is used when a member converts the claims-made policy to occurrence and does not purchase extended reporting endorsement from the prior carrier. Prior Acts Endorsement will be effective the inception date of the occurrence policy and cover claims reported after the cancellation date which occurred between the retroactive date and cancellation date of the claims-made policy.

This rating will be used in situations where the member's most recent previous carrier was The Psychiatrists' Program and for some reason the member allowed occurrence policy to lapse. The lapsed period cannot exceed one year and must meet acceptable underwriting criteria.

1 st year in CLAIMS MADE Coverage	70% of Occurrence Premium
2 nd year in CLAIMS MADE Coverage	110% of Occurrence Premium
3 rd year in CLAIMS MADE Coverage	135% of Occurrence Premium
4 th year in CLAIMS MADE Coverage	145% of Occurrence Premium
5 th year and after in CLAIMS MADE Coverage	160% of Occurrence Premium

Rule 6. Unlimited Tail Coverage (Extended Reporting Period)

Tail premium calculation process is <u>EXACTLY</u> the same process as for Primary Coverage regarding the application of all discounts, surcharges, credits, & debits, including short rate and prorata factors.

The premium is based on the expiring annual premium written under a claims-made contract per the following Extended Claim Reporting Period (ERP) factors:

Claims-Made Year	ERP Factor
First Year	100%
Second Year	125%
Third Year	140%
Fourth Year	150%
Fifth Year and Thereafter	175%

The tail coverage (extended reporting period) endorsement that is issued for the purchased tail or the free tail provides unlimited tail coverage.

FREE TAIL COVERAGE

- 1. Claims-Made Contract. Unlimited tail coverage is free in the event of DEATH or PERMANENT DISABILITY, or when a member reaches age 55 or older and has been insured under a Psychiatrists' Program Claims-Made contract for at least 5 consecutive years immediately prior to permanent retirement. It is also free when a member has been insured with the Psychiatrists' Program under a claims-made contract for 10 consecutive or more years provided at the time of cancellation, the annual premium has not been experience rated anytime during the ten year period and the insured requested the cancellation of coverage.
- 2. **Modified Occurrence Contract.** Tail coverage is included at no additional cost upon termination or non-renewal, for any reason.
- 3. Claims-Made with Prepaid Tail Contract. Same as Modified Occurrence Contract.

Rule 7. Experience Rating Guidelines

The following Experience Rating Guidelines applies:

Severity – (Use last five-year experience period prior to renewal application)	ation)
Indemnity payment \$30,000 to \$50,000 Indemnity payment \$50,001 to \$99,999 Open or closed claim with Indemnity payment or reserve \$100,000 or more	10% per claim 20% per claim 30% per claim plus 10% each \$50,000 increment above \$100,000
Frequency (Open and Closed claims with incurred and/or reserved indemnity and expenses totaling \$10,000 and above).	
Two claims reported within any 12-month period in last three years.	25% each claim
Three claims reported within last five years.	50% each claim
Liability (Open and closed claims within last 5 years)	
 a. Deviation from standard of care b. Non-cooperation with policy conditions c. Undue familiarity Insured admission Settlement by carrier and/or insured 	50%-non-renewal 50%-non-renewal non-renewal non-renewal

Rule 8. Schedule Rating Plan – Individual Program

The following schedule rating criteria can be used to establish the adjusted annual premium per participant.

Refer to the following, which discusses the underwriting intention for considering risk characteristics not otherwise contemplated in the base rate.

The rating schedule is intended to create an overall risk profile of the insured. Multiple characteristics should be weighted and evaluated based on measurable statistics, (i.e. practice time, number of patients, length of training or experience or lack thereof, etc)

This program is mandatory and to be administered consistently with each insured or prospective insured.

Schedule rating characteristics

Adjustment to base rate of +/- 40% requires management approval except where indicated below.

A. PRACTICE SETTING:

Detention Facilities: This includes jails, juvenile centers, detention centers and prisons. Risks associated with this exposure are generally related to frequency rather than severity. Individuals kept in these facilities are typically litigious who spend significant time reviewing case law and figuring out ways to file suits. (Jail House Lawyers). In most **federal** facilities, the employees enjoy sovereign immunity, which means they cannot be sued. Therefore, our physician which is usually a contractor is left as the "deep pocket" and the only person available for potential recovery of alleged damages.

All other type of government or community facilities may or may not have statutes protecting the employees against liability. It will vary by state and county. There may also be protection for these individuals through the facility's professional liability insurance carrier. Hold harmless indemnification clauses are standard in these contractual relationships. Therefore, it is important to understand the working arrangement between the insured and the facility to measure the degree of increased liability for our participant. 5% debit

Patient recruitment practices: The probability of increased liability is common for those practices utilizing techniques for patient recruitment considered entrepreneurial and absent of credible medical necessity. For example, advertisements made outside of the practice area, bonuses given for patient referrals or profits generated by the care the physicians and other treating professionals rendered to their patients are some examples of techniques that could cause litigation.

The Underwriter should review the entire profile of the participant to determine the extent of increased liability if they are involved in a practice location or facility that engages in this activity. As a result of increased media concentration on these practices, many facilities have taken measures to terminate these

Rule 8. Schedule Rating Plan – Individual Program (cont'd.)

practices. However, the amount of time the participant has been associated with this activity should be considered. 40% debit or convert the insured to a claims – made policy form.

Home based practice: An insured working from the home is not uncommon in the practice of psychiatry. Many part-time women, who also are raising a family and want to continue practicing, conduct a small practice from their home. It is however, also understood that these individuals, maintain relationships with the community and medical mental health professionals for continued education and referral capabilities.

The liability for a participant is considered increased when an individual has chosen to work from the home because they cannot obtain clinical or hospital affiliations. The ongoing mentoring of colleagues is not present and the psychiatrist has no peer review of his/her practice activities. This practice profile may require intervention and additional interviewing by PRMS risk management to ascertain the degree of adverse risk. 30% debit

Facility has been subject to license or accreditation disciplinary action or federal investigation or prosecution, mass tort litigation or investigative reporting. If an insured is affiliated with a facility that has recently been subject to any of these issues it is probable that the insured may have an increased liability. The effect of patient knowledge of these actions and media attention could place our insured in a position to be "guilty by association".

The underwriter should utilize all reference information relative to this facility and determine the degree of involvement of our insured directly related to the facility's adverse risk characteristics. 40% debit

Clinical teaching activities exceed 50% of total practice time: Although the insured involved in this activity is competent to teach other medical professionals, the increase of patient volume related to this activity is considered an additional liability exposure. 10% debit

B. NATURE AND SCOPE OF PRACTICE

Treatment of Borderline Personalities and Multiple Personality disorders: Incidental treatments of these disorders are contemplated in the base rates. However, the underwriter should consider the number of patients and time devoted by the participant to these treatments. In addition, treatment modality must be questioned by the underwriter and discussed with PRMS risk management for unconventional activities by the insured. 40% debit

Treatment of pain management: Patients seeking psychiatric services for the management of pain are almost always associated with other medical treatments or illnesses. For this reason, treatment of pain management can increase the liability where our insured would be involved in a claim along with other treating physicians. The underwriter should discuss the volume of patients and practice time devoted to this activity. In addition, the treatment modalities should be discussed with PRMS risk management to

Rule 8. Schedule Rating Plan – Individual Program (cont'd.)

determine standard of care. Psychiatrists utilizing anesthesia for pain management is to be referred to management for consideration of continued insurability. 40% debit

Use of abreaction, rage; sodium amytal, sex and recovered memory therapies: The base rate does not contemplate treatment by use of these types of therapies. Any insured utilizing these therapies should be discussed with PRMS risk management after the underwriter has secured information from the participant regarding the patient volume and practice time affiliated with these therapies. All insured members utilizing these therapies should be referred to management for consideration of continued insurability. 40% debit

Supervision of/Consultation with professionals in 2, 3 and 4 above: Although the insured may not directly treat patients or use these therapies, they incur vicarious liability for the supervision of professionals who do. In addition, consultation is defined as professional services rendered and does not decrease the insured liability. Therefore, the premium should be increased as a result of this exposure.

40% debit

Above average daily patient volume: An average daily patient volume of 25 is contemplated in the base rates. Any practice where the patient volume is greater should be considered as an increased risk and priced accordingly. 30% debit

Adverse risk not contemplated in the base rate: This category should be used when the underwriter determines that the participant's exposure generates a risk not-otherwise discussed in the above criteria and was not contemplated in the usual and customary definition of psychiatric professional services but meets underwriting approval for coverage. Use of this category requires management approval in all cases.

Rule 9. Group Accounts

Eligibility

The medical groups that will be considered for Coverage B of the policy will be professional corporations, partnerships, or associations operated by behavioral healthcare professionals. The entity will also have psychiatrist affiliation with at least 50 % of the psychiatrists being members in good standing with the American Psychiatric Association.

Rates

Each Psychiatrist Insured will be rated in accordance with the individual program rules and rates.

Rule 9. Group Accounts (cont'd.)

Individual coverage for other behavioral healthcare professionals will be rated as a percentage of the psychiatrist rate for that rating area.

•	Psychologists:	.20
•	Social Workers	.03
•	Therapists:	.03
•	Nurses:	.05
•	Nurse Practitioner	.30

Vicarious liability coverage for the medical group for employed or contracted behavioral healthcare providers not insured under the policy will be priced at 10% of the otherwise applicable premium rate (including discounts).

Medical group premium will be priced based on the following:

Number of	Percentage of
Insured employees/contractors.	Insured Psychiatrist Base Rate
2-5	10%
6-10	15%
11-20	20%
over 20	25%

The sum of the individuals, medical group and vicarious liability premium will determine the total premium of the medical group.

Non-psychiatrist insureds can share the limit of liability of the medical group.

The base rate for each insured sharing the limit with the group entity will be reduced by 10% when the total number of insured psychiatrists in the group exceeds 5 on an annual basis.

The base rate for each insured sharing the limit with the group entity will be reduced by 5% when the total number of insured psychiatrists in the group is 5 or less on an annual basis.

A schedule rating credit/debit can then be applied to the total premium of the medical group in accordance with the Schedule Rating Group Rules, (see attached).

Limits of Liability

Refer to policy Limits of Liability Section, Coverage A and Coverage B for application of limits for individual insureds, medical corporations, partnerships, and associations. Refer to the rate schedule for the applicable limits for each state.

Rule 9. Group Accounts (cont'd.)

Claims-Made

The retroactive date can be advanced only at the request or with the written acknowledgment of the insured.

Group Vicarious Liability Surcharge Endorsement

If a scheduled insured under the group policy terminates coverage and does not elect to purchase the extended reporting endorsement, the group premium will be surcharged 10% of the quoted ERP premium. The surcharge is applicable as a result of the vicarious liability exposure to the group for the professional services rendered by the insured while working on behalf of the group. The surcharge will be waived if the cancelled insured provides proof of prior acts coverage from the new carrier for the period insured under the group policy.

Other Physician Coverage

The Program will consider coverage for individual physicians affiliated with the medical group who are not psychiatrists (i.e. internists, pediatricians, family/general practice). The rate for these physicians will be calculated in accordance with the <u>filed</u> class relativity differential (psychiatry to other specialty) of the major medical professional liability insurance carrier in that state. The calculated relativity will then be applied to the base psychiatry rate used in this Program's individual rates.

Outside Medical Group Practice Activity

Coverage will be considered for an insured who has a medical practice outside the scope of his/her affiliation with the medical group. The outside practice is subject to underwriting and if accepted will be rated in accordance with the medical specialty rate and total practice hours applicable to all practice activities for which coverage has been provided.

Rule 10. Schedule Rating Plan – Group Accounts

The following modifications may be applied to recognize special characteristics that are not fully recognized in the basic rate(s) or premium. The maximum credit/debit shall not exceed +/-5. The schedule rating program is mandatory and to be administered consistently for each insured or prospective insured.

Management (+/- 5)

Management has demonstrated adequate control and monitoring of the risks and exposures of the organization. The financial condition of the Medical Group is favorable. An example of a

Medical Group which would receive a credit would employ a dedicated risk manager and have favorable financial ratios.

Rule 10. Schedule Rating Plan – Group Accounts (Cont'd)

Employees (+/-5)

The applicant has established a continuing professional education program for its employees and encourages certification in their respective specialties. There must be a statement in the employee handbook advocating continuing education. The Medical Group agrees to pay all or some of the tuition fees and/or related educational expenses. Further, the composition of the Medical Group will be 50% or greater of the employee population having board certification or similar advanced degrees for a maximum credit to be granted. If the percentage is lower, but still substantial, and the other criteria described above are met, a lesser credit may be granted. If none of the above, a debit will be made.

Risk Management (+/-5)

The applicant has an established and working risk management program to minimize the frequency and severity of claims. A Medical Group which has an incident reporting system, occurrence screening, and other mechanisms to address potential and actual claims would receive a maximum credit. If none of these mechanisms are in place, a debit will be made.

Medical Records/Informed Consent (+/-5)

The applicant has a system in effect for concurrent and retrospective review of medical records and informed consent documents. If the Medical Group has a medical records system only or an informed consent system only, no debit or credit is available. If both systems are in effect, a credit is available. If neither system is in effect, a debit will be made.

Performance of experimental procedures (+/-5)

If the medical group practice includes procedures that are considered experimental, but that are performed within the prescribed guidelines, controlled studies, or : "protocol" established by the manufacturer or similar entity, there will be no debit or credit, however if the experimental procedures are not subject to the protocol, a debit of up to 10% will be applied. Since the underlying program's rates reflect the assumption that insureds will not be performing experimental procedures, no credit will be given under any circumstances and under this category i.e. there will be no credit if experimental procedures are not utilized.

Rule 11. Locum Tenens

A Locum Tenens ("hold the place of") works in place of a Named Insured or Additional Named Insured, never at the same time. The Locum Tenens doctor must be underwritten in the same specialty classification as the Named Insured or Additional Named Insured. The program will allow Locum Tenens coverage for a maximum total of 45 days each policy year.

There is no charge for this coverage.

Neuman, Gayle

From: Harry, Myron [Myron.Harry@AlG.com]

Sent: Wednesday, February 06, 2008 9:23 AM

To: Neuman, Gayle

Subject: RE: National Union Fire Ins Co of Pittsburgh, PA - Psychiatrists Filing #AIC-07-EO-15

Ms. Newman,

In response to your request, we offer the following:

- 1. Statistics are reported to the Insurance Services Office as Non-Bureau.
- 2. How many Illinois insureds are affected by this rate change? 157 Insureds are affected by this rate change.

How much premium change will there be (minimum/maximum)? Our premium change will be a -\$174,980.

How many will receive:

An increase: 0

A decrease: 157 -\$174,980

Stay neutral: 0

Please let us know if we can be of any further assistance.

----Original Message----

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Thursday, January 31, 2008 2:23 PM

To: Harry, Myron

Subject: National Union Fire Ins Co of Pittsburgh, PA - Psychiatrists Filing #AIC-07-EO-15

M. Harry,

We have two last questions to address.

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
- 2. How many Illinois insureds are affected by this rate change? How much premium change will there be (minimum/maximum)? How many will receive an increase, a decrease, stay neutral, and any range of premium involved.

We request receipt of your response by no later than February 7, 2008.

Gayle Neuman Property & Casualty Compliance, Division of Insurance Illinois Department of Financial & Professional Regulation (217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3

Rule 12. Suspension of Insurance

An insured covered under a claims-made policy may request suspension of insurance, due to disability or to accommodate a sabbatical leave of training. The insured will not be covered for claims or suits which arise based on an occurrence within the period of suspension. The insured is entitled to report claims during the period of suspension which arise from occurrences when the policy was in force and not on suspense.

Suspension may be secured for a minimum period of 90 consecutive days and for a maximum of one year. This option is allowed only once every four years except for reason of disability.

Billing for the current quarter(s) is suppressed, and a refund for the quarter(s) or remainder of quarter(s) affected is made to the insured.

The premium is calculated as 25% of the claims-made written premium and then pro-rated for the suspended period.

Rule 13. Policy Minimum Premium

A minimum annual premium of \$1000.00 for any one policy with limits of \$1,000,000/\$3,000,000 or lower will be applied.

A minimum annual premium of \$2000.00 for any one policy with limits of \$2,000,000/\$6,000,000 will be applied.

Rule 14. Quarterly Premium Installment Plan

Quarterly Premium Installment Plan: The charge for premium installments shall be the lesser of one percent (1%) of the total premium or \$25.00 per installment. There will be no interest charges on installment payments. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy will be billed immediately as a separate transaction.

First Quarter =		40%	
Second Quarter =	Ξ	20%	Due 3 months from policy inception
Third Quarter	=	20%	Due 6 months from policy inception
Fourth Quarter	- .	20%	Due 9 months from policy inception

Neuman, Gayle

From:

Harry, Myron [Myron.Harry@AIG.com]

Sent:

Wednesday, January 30, 2008 3:51 PM

To:

Neuman, Gayle

Subject:

RE: National Union Fire Ins Co of Pittsburgh, PA - Psychiatrists Filing #AIC-07-EO-15

Attachments: 1-08 Manual Rules - Revised.pdf; 1-08 Rate Sheet - revised.pdf

Ms. Neuman,

In response to your comments dated January 16, 2008, we offer the following:

- 1. We have revised the Rate Factor Sheet and the Manual Rules to reflect that the tail premium will be calculated as a factor of the expiring annual premium.
- 2. We have revised the Manual Rules to clarify the calculation of the premium for suspension of coverage. Also, please note that the premium for the suspension of coverage is calculated as 25% of the written premium for the period of suspension. For example, if the annual premium is \$5,000 and the suspension period is six months, the premium for the suspension would be ($$5,000 \times .5$ pro-rate for 6 months) x.25 = \$625. Additionally, if the suspension period runs into the next policy period, the pro-rated premium for the next policy period would be calculated and multiplied by .25 as well.
- 3. The Manual Rules have been revised to specifically state that the 2nd, 3rd, and 4th installment payments are due 3, 6, and 9 months respectively from policy inception.

Please see attached revised Manual Rules and Rate Sheet.

Please let us know if we can be of any further assistance.

Original Message----

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]

Sent: Wednesday, January 16, 2008 11:48 AM

To: Harry, Myron

Subject: National Union Fire Ins Co of Pittsburgh, PA - Psychiatrists Filing #AIC-07-EO-15

M. Harry,

We are in receipt of the above referenced filing submitted by your letter dated November 14, 2007. The submission is not acceptable for filing in Illinois due to the following reason(s):

- 1. The extended reporting period (tail) coverage premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The manual must list the factor to be used to figure the premium. The manual should additionally indicate if the extended reporting period is for a year or unlimited for both the tail and the free tail.
- 2. Under Rule 12. Suspension of Insurance, the manual indicates "charge 25% of the claims-made rate". Is this charge the same regardless of the suspension being 90 days or a full year? If this one year period straddles two policy periods, is the insured charged the 25% for both policy periods?
- 3. Under Rule 14. Quarterly Premium Installment Plan, we require the manual indicate that the three installments are due 3, 6 and 9 months from policy inception (unless a more lenient schedule is allowed).

We request receipt of your response by January 30, 2008.

Gayle Neuman Property & Casualty Compliance, Division of Insurance Illinois Department of Financial & Professional Regulation (217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: Gayle.Neuman@illinois.gov

Neuman, Gayle

From: Savage, Marcy

Sent: Thursday, January 17, 2008 3:27 PM

To: Neuman, Gayle

Subject: RE: Psychiatrist's Purchasing Group, Inc.

This purchasing group is registered with National Union Fire of Pitt PA as their carrier.

From: Neuman, Gayle

Sent: Wednesday, January 16, 2008 9:35 AM

To: Savage, Marcy

Subject: FW: Psychiatrist's Purchasing Group, Inc.

Not sure if this went through the first time I sent it.

From: Neuman, Gayle

Sent: Monday, January 07, 2008 10:46 AM

To: Savage, Marcy

Subject: Psychiatrist's Purchasing Group, Inc.

National Union Fire Ins Co of Pittsburgh, PA has submitted a filing indicating the above mentioned purchasing group. Please advise if they are properly registered. Thank you.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

RULES VERSION 5-04

IL RULES VERSION 10-07

Policy Coverage A shows as: No. of Employees/Independent Contractors: 0-3	Policy Coverage A has been changed to reflect proper number of employees: 1-3
2. N/A	RULE 14. QUARTERLY PREMIUM INSTALLMENT PLAN
	Plan: The charge for premium installments shall be the lesser of one percent (1%) of the total premium or \$25.00 per installment. There will be no interest charges on installment payments. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy will be billed immediately as a separate transaction.
	First Quarter = 40% Second Quarter = 20% Third Quarter = 20% Fourth Quarter = 20%

Explanatory Memorandum

Data

Data used in this analysis was provided by Professional Risk Management Services, which manages the APA-endorsed Psychiatrist's Professional Liability Insurance Program (Program) on behalf of National Union Fire Insurance Company of Pittsburgh, PA.

Factors applied to individual state data are derived on a countrywide basis. Countrywide data excludes experience of Kansas, Louisiana and Pennsylvania insureds. Kansas, Louisiana and Pennsylvania have catastrophic loss funds attaching at limits less than \$1 million/\$3 million. Only states where at least \$1 million/\$3 million limits are offered were included in the analysis. Data was valued as of June 30, 2006.

Other adjustments were made to the data. First, claim data was adjusted by removing National Medical Enterprise (NME) claims. NME claims arose from the fraudulent activity of the insured. Claims of this type are not anticipated to occur again. Second, the Program has written a number of claims-made policies. Experience of these policies was adjusted to an occurrence basis and included in the data.

Furnished data was not audited or verified other than to inspect it for reasonableness and consistency with data previously provided.

Countrywide Indication

On-Level Earned Premium. On-level earned premium was computed by extending base earned exposures by manual rates¹. For states where only claims-made coverage is offered, the mature claims-made rate was adjusted to an occurrence basis by dividing it by the claims-made maturation relativity.

Projected Ultimate Losses and LAE. Losses and LAE were projected to their ultimate values using both paid and incurred loss development methods. Regardless of the fundamental quantity, the projection procedure is the same.

For accident years prior to 1998, on-level earned premium is the number of earned psychiatrists extended by manual rates. This results in overstated on-level earned premium, and understated trended on-level loss and LAE ratios, for those accident years prior to 1998.

¹ In the past, earned exposures were extended by manual rates adjusted by the average deviation from the base occurrence rate. Now, a newly created data warehouse permits computation of base earned exposures for accident years 1998 and subsequent. For example, a psychiatrist performing minor neurological procedures is charged twice the premium an otherwise identical psychiatrist without neurological procedures would be charged. Accordingly, a psychiatrist performing minor neurological procedures is counted as two units of exposure. Conversely, a part-time psychiatrist receiving a fifty percent premium credit would be counted as one-half unit of exposure.

Using historical development as of June 30th valuation dates, link ratios were computed as credibility-weighted averages of observed values and values extrapolated from inverse power functions fitted to selections already made². Tail factors are based on link ratios extrapolated using the last fitted inverse power curve. The reverse progressive product of the link ratios and tail factor yield loss development factors to ultimate applied to losses as of the most recent valuation date to obtain indications of each accident year's ultimate loss.

Accident year 2004 and 2005 projections were replaced with judgmental selections akin to Bornhuetter-Ferguson³ projections as in prior year analyses. The product of on-level earned premium and a target loss and LAE ratio of 76.9% formed the a priori expected loss for these selections

Final selection of ultimate losses was made after examining the results of both projections and is an average of the results of the two projections.

Projected Ultimate Claims. Reported claims, excluding those closed without payment, were projected to ultimate using a procedure analogous to that used to project ultimate losses. The protracted emergence suggested by selected development factors is appropriate and is due, at least in part, to the manner in which date of loss is established; in the absence of a definite act, the date of first treatment is used.

Trend. An indicated trend factor was derived in two ways: as the product of frequency and severity trends; and as pure premium trend directly. In theory the product of frequency and severity trends should equal the pure premium trend; however, in practice, combinations of linear and exponential models may result in a deviation. Trend indications are examined over various time intervals. Selected trends are based on the most recent seven years⁴. The selected trend factor, 1.084, is an equally weighted average of the product of frequency and severity trends and the pure premium trend. In our opinion, this selection is a reasonable long-term trend for medical malpractice.

Target Loss and LAE Ratio. A substantial portion of the direct written premium is ceded to a reinsurer that pays a ceding commission of 22.0%, plus tax allowance of 3.5%. The expense allocation represents a reasonable allocation of the ceding commission to expense categories. The reinsurer bearing the plurality of risk imparted the underwriting profit provision.

² This iterative procedure is more fully described in Sherman, R.E., "Extrapolating, Smoothing, and Interpolating Development Factors", *Proceedings of the Casualty Actuarial Society LXXI*, 1984, pp. 122-155.

³ See Bornhuetter, R.L.; and Ferguson, R.E., "The Actuary and IBNR", *Proceedings of the Casualty Actuarial Society* LIX, 1972, pp.181-195.

⁴ Until recently, trend indications for the Program were lower than one would expect for medical malpractice. These indications were likely illusory. Among the reasons for this judgment are: uncertainty in observed frequency and observed pure premiums for the 1998 and prior accident years due to the number of psychiatrists being used as a proxy for earned exposures for those years; the Legion insolvency, which may cause Program experience while Legion acted as insurer, particularly those years immediately preceding AlG's involvement, to be understated; and recent trends in medical malpractice which are well publicized. However, this phenomenon prospective rates.

Investment Income Offset. The investment income offset is calculated using a discounted cash flow approach. The pattern of payment emergence is derived from countrywide paid loss development factors. The interest rate of 4.000% used to discount the payment emergence is comparable to the risk free rate of return in recent years. The indicated discount factor was tempered 10% to reflect risk in the pattern of payment emergence.

Countrywide Indication. The countrywide indication is based on a mid-five-of-seven year experience period to balance stability and responsiveness. The on-level earned premium weighted average of the trended on-level loss and loss adjustment expense ratio, divided by the target loss and loss adjustment expense ratio, gives a countrywide indication of +0.2%. This indication has full credibility using a full credibility standard of 1,537 claims (P = 95%, $k = \pm 5\%$).

Illinois Indication

Projected Ultimate Losses and LAE. Losses and LAE were projected to their ultimate values using both paid and incurred loss development methods. Loss development factors are those developed on a countrywide basis. Accident year 2004 and 2005 projections were replaced with judgmental selections analogous to the countrywide selections. Final selection of ultimate losses was made after examining the results of both projections. Selected ultimate losses are an average of the two projections.

Statewide Indication. Like the countrywide indication, the statewide indication is based on a mid-five-of-seven year experience period. The statewide indication, after credibility weighting with the countrywide indication, is -5.5%.

In our opinion, implementing the selected statewide rate level change would result in rates that are reasonable and not excessive, inadequate, or unfairly discriminatory. Therefore, we recommend the Program implement a -5.5% rate decrease.

Exhibits

Illinois Exhibits

Statewide Indication	1
Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE	2
Countrywide Exhibits	
On-Level Earned Premium	1
Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE	2
Ultimate Claims	3
Trend	4
Target Loss and LAE Ratio	5
Investment income Offset	6
Countrywide Indication	7



8/8/2007 11:47 AM

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Illinois - Occurrence - 1,000,000/3,000,000 Limits

Statewide indication

(6)	Reported Claims		47	39	4	35	64	9.5	3 4	9 6	8 8	3 43	22	64.1%	76.9%	.16.6%	0.336	+0.2%	0.664	.5.5%	-5.5%
(8)	Trended On-Level Loss and LAE Ratio (6)(7)	127.2%	123.0%	86.6%	103.9%	71.2% 66.2%	78 1%	15.8%	139.8%	30.2%	53.4%	82.1%	86.9%								
(5)	On-Level Eamed Premium	8,861,778	9,045,691 8,935,341	8,460,029	7,576,254	5 107 632	4.572.909	5,015,196	5.279.998	4.913,369	4.090.644	3,692,190	3,508,772								
(9)	Trended Loss and LAE (2)*(5)	11,269,594	13,182,086	7,325,826	7,875,323	3.383.416	3,573,164	792,110	7,381,942	1,485,287	2,183,928	3,032,519	3,048,051								
(5)	Trend Factor 1.084^(4)	3.491	2.971	2.741	2.528	2.152	1.985	1.831	1.689	1.558	1.438	1.326	1.223				1,53770.5]	tf 7, line (14)]	0*(1-(13))]	5)]	
(4)	Years to 1/1/2008	15.500	13.500	12.500	11.500	9.500	8.500	7.500	6.500	5.500	4.500	3.500	2.500		lbit 5, line (6)]	0)/(11)-1]	d Change [(174/	US-1000, Exhib	ivel Change [1.0	12)*(13)*(14)*(1	
(3)	Midpoint Experience Perfod	7/1/1992	7/1/1994	7/1/1995	7/1/1996	7/1/1998	7/1/1999	7/1/2000	7/1/2001	7/1/2002	7/1/2003	7/1/2004	7/1/2005	1 LAE Ratio1	US-1000, Exhi	evel Change [(1	ewide Rate Leve	Level Change [itrywide Rate Le	evel Change [{{ 1	ivel Change
(2)	Projected Loss and LAE (Exhibit 2)	3,228,155	4,436,994	2,672,948	3,114,810	1,572,451	1,800,131	432,580	4,369,989	953,124	1,519,170	2,286,657	2,491,432	(10) Trended On-Level Loss and LAE Ratio	(11) Target Loss and LAE Ratio [US-1000, Exhibit 5, line (6)]	(12) Indicated Statewide Rate Level Change [(10)/(11)-1]	(13) Credibifity of Indicated Statewide Rate Level Change [(174/1,537/v0.5]	(14) Selected Countrywide Rate Level Change [US-1000, Exhibit 7, line (14)]	(15) Credibility of Selected Countrywide Rate Level Change [1.00*(1-(13))]	(16) Indicated Statewide Rate Level Change [{{12}"(13)+(14)"(15)}	(17) Selected Statewide Rate Level Change
(E)	Accident Year	1992	1994	1995	1997	1998	1995	2000	2001	2002	2003	2004	2005	(10) Trended C	(11) Target Los	(12) Indicated	(13) Credibifity	(14) Selected ((15) Credibility	(16) Indicated	(11) Selected §

¹Weighted average of last seven column (8) entries, excluding highest and lowest. On-level eamed premium from column (7) used as weights.

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Illinois - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE

and committee LAE	(5)	Selected	Ultimate		3,228,155	3,454,181	4,436,994	2,672,948	3,114,810	1,836,482	1,572,451	1,800,131	432,580	4,369,989	953,124	1,519,170	2,286,657	2,491,432		34,169,104
	(4)	Indicated	omnale	3 220 455	2,454,453	3,434,181	4,430,994	2,072,948	5,174,810	1,836,482	1,372,451	1,800,131	432,580	4,369,989	953,124	1,519,170	2,286,657	2,491,432	34 160 404	401,100,104
	(3) Method 2·	Paid		3,228,155	3,493,698	4,473,586	2,719,901	3,112,624	1,907,454	1,660.987	1,789,345	427.048	4.246 764	975.368	1,288.340	2,596,448	2,660,585	2	34,580,303	1
	(2) Method 1:	Incurred	2 200	2,446,000	3,414,663	4,400,402	366,520,5	3,116,997	1,765,509	1,483,916	1,810,917	438,111	4,493,213	930,879	1,750,001	7,976,867	-,322,278	27 - 22	906'/2/'56	
Ξ	Accident Year		1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005				

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Illinois - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE Method 1: Incurred Projection

(5)	Selected	Ultimate	1 000 0	3,444,000	4,4063	4,400,402	2,625,996	3,116,997	1,765,509	1,483,916	1,810,917	438.111	4,493,213	930,879	1,750,001	1,976,867	2,322,278	
(4)	Indicated Ultimate	(5) (7)	3.228.155	3,414,663	4 400 402	2 625 006	2 446 001	766,011,0	1,765,509	1,483,916	1,810,917	438,111	4,493,213	930,879	1,750,001	937,712	702,239	31 000 744
(3)	Ultimate Factor		1.000	1.000	1.000	1.001	1.001	1003		1.000	1.012	1.026	1.058	1.122	7.558 7.558	2.200 F 244	0.51	
(2)	Incurred		3,228,155	3,414,293	4,588,050	2,624,207	3,112,624	1,760,505	1,475,371	1,789,345	427.048	4,246,764	829.522	1,288,340	425,236	132,227		29,152,687
(1)	Accident Year	1992	1993	1994	1995	1996	1007	1997	888	1999	2000	2001	2002	2003	2004	2002		

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Illinois - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE Method 2: Paid Projection

(5)	Selected Litimate		3,228,155 3,493,608	4,473,586	2,719,901	3,112,624	1,907,454	1,660,987	1,789,345	427,048	4,246,764	975,368	1,288,340	2,596,448	2,660,585		34,580,303
(4)	Indicated Ultimate (2)*(3)	3 147 800	3,493,698	4,473,586	2,719,901	2,989,984	1,907,454	1,660,987	1,281,209	366,000	3,726,401	975,368	766,708	788,759	1,590,691		29,888,556
(3)	Ultimate Factor	1.020	1.023	1.028	1.036	1.052	1.089	1.147	1.273	1.429	1.720	2.244	3.76.	8.449	29.532		
(2)	Paid	3,085,154	3,414,293	4,351,000 2,624,263	2,024,207	1.751.278	1 447 725	1.006.818	256 212	2,166,425	434 502	203,535	93.355	53,862	500,50	23 720 22E	-0,1 20,000
(1)	Accident Year	1992	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005			

Countrywide Exhibits

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

On-Level Eamed Premium

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	(13)		2003		4	8	33	61	ď	9 6	2 1	2 ;	20 ;	314	<u>6</u>	15	æ	245	234	46	ຸ	2 \$	7 ;	ro '	ao ;	%	<u>ب</u>	88	260	138	80	25	9	\$	83	45	69	67
	(12)		2002		=	61	75	29	68	22	2	. â	3 6	200	7 :	25	22	276	333	~	35	Ę.	5 6	i ÷	2 ;	\$ \$	7.	5	/97	£	9	ශි	'n	16	47	జ	8	9 "
	(11)		2001	ş	ē f	2 6	3 :	89	20	17	99	8	303	5 5	3 0	¥ ;	3	221	5 54	6 0	39	12	26	=	2	3 =	- 6	2 2	5 .	2	£ 8	2 1	~ !	9	.	3 ;	€ 8	o m
	(10)		2002	*	i ð	3 2	3 4	ę	5 0 :	± ;	%	177	321	123	=	: 5	3 5	7 5	60	- ;	38	1 5	\$	2	98	7	63	287	<u> </u>	3 5	3 2	<u>.</u>	0 5	2 3	7	÷ 7	, ,	?
	<u>(</u> 6)	1000	1333	12	S	ន	E	3 2	3 \$	2 2	<u>.</u>	157	253	127	-	36	\$	ŧ	7 4		ç ;	ž į	171	ው	ଝ	ē.	53	8 8	123	σ	\$, ~	. 1	2	3 4	75	19	7
	(8) (9) Famed Functions	1998		12	99	X	99	55	, «	Ç	? ;	<u> </u>	E 5	ह	12	8	189	55	· c	9	3 4	<u> </u>	761	₽ :	8	5	8	293	121	2	25	12	23	43	£	27	ß	e
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(6)		1996		77	3 3	F. 1	£ ;	S.	ω	£	212	391	55	Š	3 5	4 6	Q;	<u>8</u>	o,	23	2	288	-	4 5	;	2 2		Ş	2 (2 ;	7 2	32	22	29	5	33	Ε,	N
(5)		1995		Q 3	3 2	¥ \$	2 4	<u>.</u> و	Ξ:	.	238	436	503	8	S 58	346	0.57	Š.	on ;	8	ន	322	5	45	ĸ	<u> 5</u>	652	332	; <	Ş	n a	8 5	24.	3 3	2	8 :	۰ څ	3
(4)	Š	\$5.	33	: 8	8 8	124	i K	3 =	- 6	3 5	252	449	526	45	¥7	248	£ 5	3 4	۽ م	3 8	8	3	12	ຮັ	\$3	ē	471	244	0	č	11.	131	? ¢	5 4	8 %	S 2	. v e	,
(3)	1993	255	27	83	53	131	69	÷	i S	35.5	707	450	226	ଝ	25	263	162	ur.) (c	3 X	3 5	÷ (27	99	22	8	489	264	O	82	111	128	88	ç	8	2	7	
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American Psychiatric Association Endorsed Professional Liability Insurance Program

•	ce - 1,000,000/3,000,000 Limits
Three Excluding Kansas, Louisiana and Pennsylvania - Co.	On-Level Earned Premium

Exhibit 1

	(15) 2005 266 3 3 3 3 3 3 4 407 177 177 177 178 288 288 288 288 288 288 288 2
	(14) 2004 2004 257 277 277 288 288 288 288 288 288 288 28
	(13) 2003 223 423 441 441 441 442 441 442 441 442 441 442 443 444 444 444 444 444 444
	(12) 2002 2502 134 155 166 175 175 175 175 175 175 175 175
	261 2001 261 342 342 342 343 3443 346 345 346 345 346 345 346 346 346 346 346 346 346 346 346 346
	2000 2000 2000 2000 2000 2000 2000 200
	(a) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Limits	245 245 26 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20
Coordinates	(6) 272 273 15 86 86 86 87 87 88 88 88 88 88 88 88 89 80 80 80 80 80 80 80 80 80 80
	(5) 1995 128 128 128 128 128 128 138 138 138 138 139 130 130 131 131 131 131 131 131
	(4) 1994 1005 1
	(3) 1993 275 105 105 105 105 105 105 105 10
ever camed Premium	(2) 272 103 103 104 105 108 108 108 108 108 108 108 108
lana.	State Territory NC1 ND1 ND1 ND1 ND1 ND1 ND2 ND3
	>

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

On-Level Earned Premium

(17)	Remarks
(1) (16) Current State/Terriory Rate Level	AK1 Ak1 Ak1 Ak1 Ak1 Ak1 Ak2 Ak2 Ak

A beginner	The Program
indorsed Professional Liabi	700Z 11, 2001
American Psychiatric Association Endorsed Professional Liability Incident	Countywide Exceeding 15

Countrywide Excluding Kansas. Louisiana and Pennsylvania - Occumence - 1,000,000/3,000,000 Limits

Exhibit 1

On-Lavel Eamed Premium

		(1)		Remarks																																
(16)	Current Rate Level		6.331 Manual rate	7,651 Manual rate	5,100 Manual rate	7,092 Manual rate					5,176 Manual cate.	3 Oct			11,204 Manual rate				3,483 Manual man		5,905 Manual rain			18,638 Mac.		6.719 Manual Tale.	8 657 Mariod Tale.	7 oc.							9.994 Manual rate	
	State/Territory	NO.	Š	N.	Ħ	2	NMT	NV	X	CAN	ZAN	TIN	SAN	Ŧ	š	280	ž	S	S	ž	2	Ş	¥ <u>\$</u>	22.7	1174			X	κ¥	Ę	WAI	Wil	W	WY1		

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

On-Level Earned Premium

Ê	(18)	(39)	(00)	100										
		Ì	(v)	(21)	(<u>2</u>)	(23)	(24)	1363						
State/Temtory	1992	1993	1994	1805		•	On-Level Earned Premium	(45) 19d Premium	(26)	(27)	(28)	(80)	1961	
***				ÇêG.	1886	1997	1998	1000				}	(ap)	(31)
	189,017	227,933	225,153	216 214				2001	2002	2001	2002	2003	7000	į
7 4	871,849	858,747	856.004	2000	200,136	130,644	100 008	1000					SUVA	2003
Ŷ	144,222	145.899	100,000	382	781.872	691,119	643.730	102,845	175,327					
Š	1.842.919	703646	100,201	159,315	144,222	175 482	G / C C	549.904	876,268			_		50.813
Υ.	760 876	010,287,	1,705,729	1,504,517	1.166.115	35.75	132,435	117,952	116 717					0.00
CA:	20,00	579,048	545,480	514 700		440,000	899,023	867 775	200					014,428
	24.947	91 467	86 240	50.00	482,331	513,311	461.880	406.300	618,619					141,260
₹ ;	112,013	189 700	20.4	00,240	49,653	52.267	200	30.382	676,456					841.255
ō	1754 060	200 000	(0)',	233,060	233.060	224 705	200	76,310	99.647					200
T.	2 685 000	727.667	1,796,900	1,699,320	1 542 690	00.	233,508	278.861	202 002					20, 00
Ş	000000	2,643,750	2,539,833	2 563 459	000.000	307.215	1,098,873	1 173 437	200.00					144,510
	1.842,070	1,810,034	1810024	000 CO.	7,285,167	1.933,365	1.650.067	100.000	.263,844					445,133
Į.	364,672	357 558	20000	117.70	1,559,085	1,385,557	1 202 243	700.00	1,885,839					1.179.653
-	926.881	200,500	322.048	258,112	196.544	370 27	242,503,	1.015,507	986.627					1 505 724
ឌ	2 907 870	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	903,415	874,084	827 153		0.70	76,544	74 085					2,000
A 1	870' /66'	2,829,915	2,703,853	2871 180	50.75	650,127	663,870	627 547	000					666.310
	408,08C.	1.405,644	1 388 32E	200,000	2,204,240	2,202,098	2.060 772	100,000	900,338					187,359
= '	33.567	55 945	67.52	1797164	1.382,554	1,240,402	1 184 747	6,136,323	2,408,919					758.245
5	441.438	45.4.50	57.70	96,971	104,431	03 242	11.01.00	1,142,402	1,375,619					3 707 263
<u>.</u>	189 576	20.00	426,660	451,586	403.383	23.00	26.75	58,829	75.128					1 206 206
•		194,842	202,741	184 310	460 540	190'SO	274,085	264.276	300					957.007
	405'450'	8.053,227	8.006,315	7 615 201	710'00'	150,081	116,202	108.011	40.700					£6.423
	193,709	231,201	231 201	00,570	e,786.603	5,324,512	4.501.560	0.000	121,368					288,269
•	833,765	761264	103,103	237.4489	218,703	206.206	101.001	20.010.	4.326,145					88.727
_	189 174	1000	628,160	607,199	570.948	480 284	200.161	165,861	193.072					2060 736
	701 106	C20'C 1	175,332	175,332	140 727	100.00	404,414	388,510	495.970					166 004
A.	200	08,603	750,576	770.328	587.03	700.1	108,466	128.882	100 316					1000
7	20,412,5	2,156,975	2.077,523	1 991 647	770	440,099	442,646	419 460	000'00					302,042
5.8	2.344,489	2,056,296	1,900,516	1720.007	1,805,057	1,639,433	1,292,662	1234 606	403,032					285,000
3 3	0	C		1.143,130	1,396,827	1,109,283	943 312	000'00'	.04.580					844,050
7.	519,527	560.723	250 436	0	29,667	109,633	74 470	100'400	1,240,894					1,264,109
· ·	2,592,721	3271 553	000,400 000,400	\$6.13	508.084	446.290	365 536	69,981	173,370					1,989,988
~	1.585.512	1 553 490	100000	2,563,698	1.025.479	306 8.40	000000	307,531	420,349					260 995
MN1	508 84°	000,000	7,732,800	1,849,764	970,368	385 540	337,472	207.965	230,541	195 437				273 270
WO	759 507	202,500	595,167	565,573	434 062	9	660'067	221,192	247 280					2 4 4
22	400,000	725,448	769,536	777,552	737 472	358,012	247,382	270,191	282 860					075.75 075.415
	1000	288,267	275.282	277 606	7	905.100	521,701	ARR ADE		_				303, 146
17.4	543,717	578,708	597.550	575.047	246,715	220,745	209.540	186 246	0/4/084					244,643
·	72,144	66.132	45.050	10,010	570,633	543,044	508 378	406.000	186,598					763,857
		1	Dan's	30,060	21.042	18,036	30,223	482,668	562,097					430,609
							, and and a second	10,776	11,259	24,596	30,750	75 Q46	566,502	577,194
														41,537

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American Psychiatric Association Endoraed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

On-Level Eamed Premium

	(31)		2005		1,680,984	18,326	15,810	116,714	1.344,393	133,216	128 598	2.566,565	2.406.803	1.183.323	305 305	775 903	700'0#7	257,006,2	20.70	709.943	438,879	305,355	18,960	92,282	1,311,324	785,667	92.861	341.630	65.289	715.739	320 893	640.534	137.006	614 148	100,400	776,361	20.007	11,120	44,464,306
	(36)		2004	, 40 20 3	450,780,1	2000	S (5)	30,407	1,326,450	124.272	161,948	2.579,408	2,284,407	1,214,318	211,754	748 945	2 405 067	313 077	266.460	400 046	140,440	270,903	23,853	93,596	1.298,960	812,027	88,570	389,340	64,165	752,776	302,002	642.644	117,002	578.171	177 855	442 600	5.971		42,895,105
	(29)	6000	2003	1636 020	101 788	20.493	103 406		1,137,733	107.675	186,776	2,705,342	2,284,470	1,256,031	215,047	777,288	2.274.350	209,301	595.516	566 337	255.474	100,40	30,135	ccan	1,913,187	993,632	135,466	364,242	S4 .199	1,324,164	288,825	582,950	110.535	602,761	247,069	457,549			44.833.675
	(28)	2002		1,580 798	96,963	35,972	113.863	1000	300000	677,001	10/0/1	2.938,853	5,155,937	1,461,624	264,838	957,910	2,172,024	199,557	484,044	333,992	281.182	31.858	71.406	0.000	870,200,	170'316	100.143	348,324	51,833	1.211.701	850,613	874,462	116.268	566,285	332,034	451,607	5,558		48,777,555
	(27)	2001		1,531,894	66.411	45,454	115,777	846.029	107 214	135.7%	2564.405	2,447,430	000,430	727,760	27,77	801,610	2,147,522	203,931	415,178	660,476	218,765	43.590	77.822	1 940 845	982 650	147 764	310.480	0000	96.7	560,909	788747	000,000	004,121	200.64	388,457	514,940	2.670	76 200 31	43,396,602
	(26)	2000		1,653,537	142,159	46,749	107,451	735,302	130,483	136,950	2 470 486	2.255.887	1 249 858	281 213	2000	2 4 2 4 5 5 1	2,131,165	223,828	452,466	692.028	190,499	34.558	90,892	2,132,911	1.076.254	144,600	332 592	84 045	674 477	284 228	404 551	124 661	503 / 40	400 004	000000	410,000	5,011	44 052 403	000,000
	On-Level Earned Premium	1999		1.270,988	29,733	267.00	110,177	453,454	127,148	137,378	2.011.864	2,101,914	984.821	213,640	728 550	\$ 786 oc.	180.554	103.03	136,331	397.142	00,700	33,080	68,775	1,863,178	1,021,093	196,055	332,070	76,079	585.984	247,585	502 921	99.449	541 805	481 118	340.643	700	188.4	37.621.294	
(20)	On-Level Ea	1998	1 270 620	000,225,	52,588	110.144	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	001.	124,576	139,211	2,084,811	2,146,725	1,049,631	217,975	752,300	2.006,979	187 984	19.027	578 675	174 673	370,41	30.305	82,134	73,657	1,318,307	258,383	352,987	55,812	595,429	278,964	481,635	89,147	563,270	591,547	396.900	4 997	in the second	40,257,172	
(53)	(2)	1997	1.551.005	86.309	62.900	208.032	469 444	10000	108,001	141,023	7,000,004	2.701,009	1,328,171	248,095	910,938	2,200,652	219,480	237,649	632,970	190,694	41 309	0.2 6	2 106 285	200,000	227,184	207.145	444.851	71,869	662,982	344,543	550,029	124,173	637.898	868,222	351,540	19.988		46,628,103	
(22)	99	1330	1,719.922	96,913	78.200	564,996	441,526	170 630	108 477	2004 400 C	100,100,2	2,610,568	5,090,445	269,635	3/6,003	2,696,429	254,613	246,323	717,366	204,336	50,161	102.353	3 025 263	4 4 4 5 2 4 4	1000000	240,036	950,510	200	978,348	286,236	408,527	127,880	587,038	1.284,539	351,540	43,307		55,731,448	
(21)	500		1,781,121	104,564	83,300	907,776	458,706	207.038	104 459	3 008 632	2 700 000	1 418 502	260,014	404,000	080,000	090'696'7	259,573	253.261	754,875	229,878	41,309	114,163	4,688,600	1 996 446	273 357		74	25025	2,000,07		2	786,151	670'00'	1,450,421	326.430	49,970		64.960,484	
(20)	1994		1,760,018	99,463	83,300	147.024	489,530	217,655	96,424	3,012,834	2.789 PG4	1,434 073	270 640	980 150	2 961 501	100,100,0	22.000	110,412	507.40	249,615	32,457	141,720	5,151,878	2,338,844	٥	•	80.628	2 882 781			140 063	795.421	1 563 636	257,000	264,490	40.038	21.01.00	07,004,042	
(61)	1993		1,743,135	Z9: 32:	85,000	020,000	071.140	0,0,5	96.424	3,080,066	2,788,139	1,448,146	277,745	992,979	3.021.345	249.653	220.025	745,409	273 556	088,672	600.00	296,161	5.425,380	2.217,688	0	0	87,347	3,035,721	0	0	142 707	811.954	1 595 741	312 480	36.645	2000	GR 707 773	201110	
(a.)	1992	,	76.922	000,01	728 112	637 370	172.522	300.31	84.371	3,363,701	2,941,693	1,493,181	272,676	1,018,440	3,040,019	238,080	372 953	736 121	309 987	61.964	118 400	10.100	707,744,0	4,1/0,046	0	0	89,587	3,208,861	0	0	139,000	833,998	1,648,712	312.480	29 982		69 200 104		
Ξ	State/Territory	.58	5 5	Ä	N.	Ę	NM	NV74			71.	2 X	¥ .	NYS	E C	š	OR1	5	Š	Š	Į,	Tx1	2	2 5	3 2	* Y	5	VA1	VA2	VA3	Ę	WA1	<u> </u>	WV1	WY1				

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE

	3	<u> </u>	(1)	
Accident	Method 1:	Method 2:	(4) Indicated	(5) Selected
ובפו	Incurred	Paid	Ultimate	Ultimate
392	27 110 220			
993	607,011,72	27,110,234	27,110,236	27,110,236
3 2	861,877,72	27,776,188	27.777.693	27 777 602
488	17,680,345	17 812 211	17 746 070	250,111,125
995	17 113 550		11.140,218	17,746,278
900	000,241,71	17,413,887	17,278,224	17,278,224
1 5	21,819,215	21,788,604	21.803.910	21 802 040
788	16,093,335	16 047 718	46.070.50	016,000,13
1998	23 470 105	01 01 00 00	970,0,0,0	16,070,526
1900	00100107	43,335,046	23,402,620	23.402.620
3 8	10,778,511	16,578,737	16,678,674	16 678 674
2002	16,722,646	16.300 365	18 514 50e	100000
2001	22 210 126	200,000	000'110'01	16,511,506
2002	40.44.000	176,186,02	21,601,024	21,601.024
2000	0,444,003	15,440,828	15,942,718	15 942 718
2 :	16,477,991	22,692,920	19 585 45C	1010101
2004	24 727 773	34 745 400	000000	18,080,455
2005	100,000	01,740,480	28,236,634	28.236.634
2	34,004,007	34,898,483	33,451,245	33,451,245
	200 400 054			
	430,400,631	309,932,637	303,196,744	303 196 744

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE Method 1: Incurred Projection

Ξ	(2)	(3)	(4)	(5)
Accident			Indicated	
Year	Incurred	Ultimate Factor	Ultimate (2)*(3)	Selected
1992	27,110,234	1.000	27,110,239	27 110 230
993	27,776,188	1 000	27 770 108	007,011,12
994	17 674 915	000:	47.000.000	981,877,12
200	70000717	000.	17,000,345	17,680,345
000	17,130,884	1.861	17,142,560	17,142,560
986	21,788,604	1.001	21.819.215	21 819 215
265	16,047,718	1.003	16,093,335	16.093.335
966	23,335,046	1,006	23.470.195	23,470,105
666	16,578,737	1 012	16 778 613	16 770 644
2000	16 200 28E	000	0,000,000	10,0,7,0
	000,000,01	1.026	16,722,646	16,722,646
2001	20,991,921	1.058	22,210,126	22,210,126
2002	14,654,070	1.122	16,444,609	16,444 609
2003	12,130,990	1.358	16 477 991	16 477 001
2004	6.701.243	2.205	14 777 200	CTT TOT AC
2005	1 250 057) 77 L	CC7' 11'E'	611,121,13
)	4,430,937	5.311	22,576,233	32,004,007
	719 474 016			
	742,471,871		277,082,603	296.460.851

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American Psychiatric Association Endoread Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE
Method 1: Incurred Projection
Accident

Accident														
Year	18	30	42	3	99	nounce Losses	104/00 Losses Limited to 1,000,000 and Ur. 78	0.000 end Unlim	A PER	ş	,	;		
									:	97	55	150	162	7.
202	2.931,755	10,630,389	20 025 068	27. 05.1 152	064 430 45	200 100	20. 70. 00.							***************************************
993	3,369,606	10 347 017	17 000 190	27 750 410	200	201,102,22	750.00	20,747,803	26.522.479	26,478,381	26,741,683	25,883,373	26.769.867	27,110,234
466	2 587 259	7.851.802	201 31E 31	17.063.00	060,645,05	007,100,13	27,512,425	27,553,404	27,872,770	27,256,138	27,515,148	27.411.948	27 775 188	
v	2 600 427	2001	00000	SON'SEN'	507.015.00	17,475,817	17,562,268	17,640,540	17,830,724	17.573.976	17,650 126	17 474 015		
	£,000.	0,183,000	8/9'80E'E	17,394,020	16.77	17,749,233	17.443.378	17 KOK 043	47 754 DEL	43.000	1 4 4 4 4 4 4			
36	2,029,601	7,522,583	11,737,181	16,184,625	19 173 908	21 441 833	24 200 10	400 000			14,130,684			
97	2,357,013	5,280,002	11,139,821	14 597 568	15 110 512	46.705.404	45 454 400	005,354,53	C1.411.239	21,788,604				
86	3,504,115	11,305,531	17 582 450	21 878 063	20.062.036	24 020 40	20.000	10.417.01	15,047,718					
66	3.765,924	8.089.482	11.398.584	13.046.448	14 142 261	100.00.12	22,313,003	23,335,046						
000	3,183,194	7,026,591	10.583.939	11 718 127	11 007 481	02 C/ONO. 21	10,378,737							
2.0	5,010,294	10,513,453	15.512.247	7 213 75	10 00 00	corronc'o								
2002	5,745,476	8.317.937	11.297.214	A 554 070	76.100.03									
203	4,345,730	8.735.629	12 130 990											
Ž	3.835,464	6.701.243												
ŝ	4,250,957													

	174-174	1.000	1.000
27, 63,	m	1,013 1,013 1,013 1,013 1,000 1,000	162-UII 174 1.000
150-162	9 .0	1.004 1.004 1.005 1.005 1.005 1.000	150-UK 16.
38-150	10 40 E	1.001 1.001 1.000 1.000 1.000 1.000 1.000	138-UR
126-138	0.010 1.010 1.005 0.952	0.994 0.994 0.978 1.007 1.007 1.000	126-UR 1.001
114-126	0.999 0.978 0.966 0.1018	0.998 0.698 1.008 0.989 0.987 1.000	114-Uit
102-114	0.992 1.012 1.013 1.004 0.895 0.995	1,002 1,002 1,002 1,002 1,003 1,003	102-UK
90-102	1,125 0,998 1,004 1,009 1,007 1,046	1.037 1.035 1.037 1.027 1.037 1.001	1.012
78-90	0.891 0.891 0.993 0.993 0.992 1.022 1.132	810.1 1916.1 190.1 100.1 100.1 410.1 410.1	1,026
66.78	1.105 1.067 1.086 1.086 1.010 1.035 1.035	1.104 1.097 1.145 1.081 1.016 1.016	1.058
35-32	1,005 0,967 0,967 0,940 1,186 1,036 1,034 1,032 1,032 1,132	1.063 1.079 1.079 1.056 1.062 1.063	1.122
42:54	1,046 1,222 1,4112 1,415 1,310 1,145 1,145 1,116 1,116	1221 1209 1212 1212 1208 1203 1210	1.358
30.42	1 884 1 643 1 531 1 550 2 1 10 7 555 1 405 1 405 1 358 1 358	1,647 1,613 1,629 1,626 1,626 1,628 1,628	2.205
18-30	3.626 3.071 3.035 2.303 3.706 3.137 2.148 2.148 1.448 1.448	2.523 2.342 2.070 2.513 2.339 2.434 2.408	5.311
	1992 1994 1996 1996 1996 1989 2000 2000 2000 2003	Average Harmonic Sum-ol-Square Tourcated Tourcated Industry Selected	Selected

Excluding NME lusses

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limits

Ultimate Accident Year Losses Limited to 1,000,000 and Unlimited LAE Method 2: Paid Projection

1	~~	25	188	11	387	5	718	346	37	92	121	128	20	98	3 8	I	37
(5)	Selected Ultimate	27 110 234	27,776,188	17.812.211	17,413,887	21.788,604	16,047,718	23,335,046	16,578,737	16,300,365	20,991,921	15,440,828	22,692,920	31 745 496	34,898,483		309,932,637
(4)	Indicated Ultimate (2)*(3)	25,869,434	27,538,257	17,812,211	17,413,887	19,673,054	14,962,521	20,602,043	13,689,344	13,824,120	20,795,818	15,440,828	22,692,920	22,517,282	55,084,832	207 040 550	307,916,552
(3)	Ultimate Factor	1.020	1.023	1.028	1.036	1.052	1.089	1.147	1.273	1.429	1.720	2.244	3.767	8.449	29.532		
(2)	Paid	25,354,521	26,912,369	17,324,115	16,801,220	18,691,939	13,737,436	17,956,852	10,757,556	9,677,330	12,090,108	6,879,923	6,024,376	2,665,081	1,865,247	186,738,073	010,00 (600)
(1)	Accident Year	1992	1983	1994 1006	1006	1990	1000	000	988	2000	2001	2002	2002	2004	2002		

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Amentean Paychleritic Association Endorsed Professional Lability Insurance Program Ratus Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsynvania • 1,000,000/3,000,000 Limits

Uthmate Accident Year Losses Limited to 1,000,000 and Unlimited LAE Method 2: Paid Projection

Year	£0	8	Ç	2		Paid Losses L	Paid Losses Limited to 1,000,000 and Unlimited LAE	300 and Unitmit	Ed LAE					
				*	99	78	90	102	ž	126	138	ŝ	ş	į
1992 1993 1994 1995 1996 1998 1998 1998 1999 1999 2000 2001 2000 2000	173.402 206.235 186.014 224.172 213.758 448.440 801.182 649.549 1837.881 1,553.681 1,553.688 1,542.676	1,537,468 1,594,262 1,594,260 1,007,692 1,770,449 1,770,449 2,235,628 3,005,734 2,518,516 2,518,516 2,518,516 3,120,908 3,120,908	5,153,542 5,354,354 5,376,478 5,376,443 4,076,673 4,076,673 6,003,984 1,792,999 4,425,339 4,425,339 6,024,376	10,874,668 11,277,466 9,316,495 9,316,495 8,676,039 6,71,882 6,71,1982 6,266,560 6,879,823 6,879,823 6,879,823 6,879,823 6,879,823	15,333,158 17,203,039 11,265,239 11,063,028 11,063,028 9,930,107 11,105,669 7,364,895 4,800,515	17,780,267 20,818,929 12,604,147 14,728,004 16,742,799 11,559,591 11,559,591 18,677,330	20,765,726 23,617,487 15,279,006 15,902,339 15,862,390 10,268,017 12,067,026 10,757,556	24.246,985 25.027,393 17.101,473 15,710,774 15,710,374 10,556,339 17,956,852	24.656.898 25,779,933 17.165,972 15,806,474 15,810,254 15,737,436	24,896,096 25,826,510 17,162,932 15,877,934 19,697,939	24,063,050 22,898,706 17,281,537 16,801,220	25,074,828 25,948,813 17,324,715	25 029 805 26.912,369	25.354.521

	174-Ut	1.020 1.020	137.1	1.020
	1,013	1.013 1.013 1.013 1.013 1.003 1.003	187.181	1.023
	150-162 0.984 1.037	1,018 1,029 1,029 1,018 1,001 1,005	150-176	1.028
	1,004	1.004 1.004 1.004 1.004 1.010 1.010	138-Uit	1.036
40. 30.	1,003 1,003 1,005 1,005	1.017 1.017 1.033 1.034 1.014 1.015	126-UR	1.052
114.126	1.009 1.009 1.000 1.005 1.182	1,038 1,084 1,005 1,032 1,032 1,035	114-Ur	1.089
102-114	1,017 1,036 1,006 1,006 1,006 1,007 1,301	1.065 1.056 1.134 1.024 1.032 1.053	102-UII	1,147
90-102	1.168 1.060 1.119 1.007 1.028 1.466	1,119 1,099 1,182 1,109 1,109	90-UII	1.273
78-90	1.168 1.212 1.213 1.008 1.008 1.015 1.015 1.367	1,130 1,119 1,149 1,121 1,086 1,123	78-U#	1,429
66-78	1,160 1,210 1,119 1,105 1,027 1,021 1,021 1,069 2,016	1.240 1.364 1.364 1.161 1.193 1.153	6 6- Ut	1.720
54-66	1,410 (5,525 1,178 1,177 1,169 1,097 1,106 1,106	1.314 1.248 1.269 1.315 1.315 1.305	ž-5	2.244
45:24	1.696 2.188 1.796 2.032 1.894 1.118 1.146 1.355 1.555	1,707 1,616 1,502 1,703 1,597 1,584 1,678	42-UI	3.767
30-42	4.195 2.874 3.40 1.940 2.812 2.304 2.478 1.506 1.601 1.603	2.369 2.184 1.913 2.286 2.286 2.280 2.283	30-0K	3,449
18-30	8.864 8.8571 8.877 9.191 9.790 2.790 1.572 1.572 1.785 2.009	5.028 3.218 2.732 4.964 2.900 4.400 9.495	104	29.532
	1992 1994 1994 1996 1996 1996 1999 2000 2002 2002 2003	Average Harmonic Surnor/Square Turneabe Loss Weighted Industry Selected		Selected

Excluding NME losses.

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania

Ultimate Claims

(5)	Selected Ultimate	742	777	523	508	901	498	556	651	869	875	820	836	958	1,249	
(4) Indicated	Ultimate (2)*(3)	542	571	523	208	601	498	556	651	869	875	820	836	958	1,249	2000
(3)	Ultimate Factor	1.002	1.003	1.005	1.008	1.012	1.018	1.028	1.044	1.065	1.092	1.136	1.227	1.458	1.979	
(2)	Reported	541	569	520	504	594	489	541	624	655	801	722	681	259	631	063 8
Ξ	Accident Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rafes Effective January 1, 2007 to December 31, 2007

Countywide Excluding Kansas. Louislans and Pennsylvania

Ultimate Claims Method 1: Reported Projection

14	Year	<u>\$</u>	8	42	3	98	ĘS	Reported Claims	Claims -						
14 237 469 512 541 589									7	-	ę	8	S	162	174
18		144	297	402	857	787	çç	640	944	i	į	!			
1, 10, 10, 10, 10, 10, 10, 10, 10, 10,		180	3	460	Ç.	3	\$ 5	71	ה ה	225	623 223	3 5	538	Z	J
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		218	197	1	÷ !	ţ.	ğ	ž	3	£	Š	267	583	685	
1, 10		2 5	3	p	\ ;	492	\$\$ \$\$	2	51.	514	513	515	2	}	
18.00		77	324	402	£.	ŝ	469	482	489	503	Š	Š	3		
27. 3.4. 465 441 465 441 465 87 477 487 487 487 487 487 487 487 487		325	£04	472	\$38	543	262	573	588	603	5	ţ			
252 455 455 516 545 556 557 523 547 547 547 547 547 547 547 547 547 547		274	35	405	4	458	457	477	307	7 7	5				
477 452 455 556 556 559		292	380	451	3	Š	S	1	3 3	8					
18-30 18-34 18-35 18-3		362	ŝ	915	3 3	3 5	2 2	ž i	Ã						
956 653 735 747 828 663 957 652 654 772 83 663 102-10 114-106 126-15 156-15		243	S	2 5	3	3	8	470							
18-30 55-24 42-5			3		974	2	655								
18-30 35-42 654 722 654 722 657 76-20 35-102 102-114 114-156 136-139 136-150 150-152 152-114 174-156 136-139 136-150 150-152 152-114 174-156 136-139 136-150 150-152 1		8	653	35	777	5									
18-30 30-42 42-54 54-59 56-79 75-30 30-102 102-114 114-126 126-129 126-129 162-129 162-129 172-114 114-126 126-129 126-129 162-129 162-144 174-129 126-129		96	612	\$	722										
San		Š	803	5											
18.30 35-12 42.54 54-86 66-78 78-50 36-102 102-114 114-156 136-139 136-159 150-162 152-174 172 1		222	647	<u>;</u>											
18-30 35-42 42-54 54-66 66-78 78-90 59-102 102-114 114-136 136-139 136-159 150-162 152-174 174-136 136-139 136-159 150-162 152-174 174-136 136-139 136-139 136-159 150-162		2	3												
18-30 33-42 42-54 54-64 56-78 76-30 95-102 102-114 114-156 138-139 138-159 150-152 152-174 174-156 138-139 138-159 150-152		3													
18-30 30-42 42-54 54-54 54-54 54-75 76-30 30-102 110-114 114-156 126-139 136-130 150-162 150-162 150-174 174-156 120-174 174-156 120-174 174-156 120-174 174-156 120-174 174-156 120-174 174-156 120-174															
1,324 1,334 1,139 1,086 1,022 1,024 1,000 1,00		18:30	30-42	42.54	SF-68	66-78	78-90	90-102	102-114	114-126	126-138	138-150	150-167	162.174	4.74.4.1%
1,000 1,00															5
1876 1352 1082 1087 1020 10104 1007 1099 1002 1005 1009 1000		2.06.3	X :	2.28	1,068	1.029	1034	900	1.006	1.013	1,009	1 2007	900	,	
1558 124 1092 1034 1006 1012 1026 1066 1		1.928	1.352	1.092	1.057	1.020	1.00	1,007	500	000	2 5	3	98	3	
1528 154 1002 1		1.651	1253	1.058	1031	1,006	1012	1 020	90	1 50	200	3	3		
1286 1455 1418 1026 1024 1027 1026 1027		1.528	1,241	1.092	1.032	1.035	1 028	1015	900	0.00	9077	3006			
1246 1188 1089 1034 1022 1025 1019 1000 1019 1000 1019 1000 1019 1000 1019 1019 1000 1019		1.258	1.165	1133	900	1.00		2 2	20.7	3	0.998				
130 1187 1078 1032 1025 1017 1018 1017 1018 1017 1018 1017 1018 1017 1018 1		1.245	8	1 080	5		200	970	3	1.003					
1.247 1.154 1.078 1.022 1.027 1.025 1.027 1.025 1.027 1.025 1.027 1.025 1.027 1.025 1.025 1.027 1.025 1.027 1.025 1.027 1.025 1.027 1.027 1.025 1.027 1.02		Ş	1 187	200		4 4 4		. i	900'						
1.24 1.154 1.044 1.022 1.025		626	2	9 9	3	950	F10'L	1.017							
1.24 1.150 1.043 1.022 1.027 1.027 1.027 1.024 1.150 1.024 1.025 1.026 1.026 1.005			5	9/7	<u> </u>	1.032	1.025								
1.24 1.18 1.055 1.031 1.056 1.031 1.056 1.032 1.032 1.016 1.034 1.055 1.032 1.000 1.032 1.016 1.034 1.055 1.000 1.003 1.000 1.003 1.000 1.003 1.000 1.003 1.000 1.003 1.000 1.003 1.000 1.003 1.000 1.003 1.000		1.54	3	3	7.022	1.027									
1.234 1.118 1.056 1.129 1.12		£.	1.126	1,057	1.031										
1345 1129 1247		123	1.18	1,056											
1.44		1,196	129												
4.14 1.200 1.083 1.040 1.025 1.020 1.015 1.010 1.004 1.005 1.006 1.003 1.000 1.000 1.004 1.005 1.006 1.003 1.000		1.247	1												
1419 1200 1.083 1.040 1.025 1.020 1.015 1.010 1.004 1.005 1.006 1.003 1.000 1.005 1.000 1.005 1.000		:													
1375 1165 1302 1304 1305 1305 1305 1305 1305 1306 1305 1306		419	1 200	1 7.83	6	8	*								
1.89	Hamponic	1 375	104	200.	2 4	200	5.5	CLO.	1.010	£00.	.005	1,006	1.003	1.000	
1.454 1.145 1.056 1.025 1.02		,	5	7007	3	570.	1.020	50.5	010.	8	1,005	500	500	5	
1.381 1.182 1.081 1.039 1.026 1.021 1.015 1.007 1.003 1.006 1.007 1.003 1.000 1.007 1.003 1.000 1.001 1.002 1.000 1.002 1.000		3	. 143	1.067	1.036	1.028	1,021	1.019	1.010	1 003	600	1 002	8		
1.337 1183 1.079 1.040 1.025 1.020 1.015 1.010 1.004 1.005 1.000 1	_	1381	192	1.061	1.039	1,026	1021	1015	200			3 5	3 5	3	
1.168 1.080 1.040 1.026 1.020 1.015 1.010 1.006 1.004 1.003 1.000	ghted	1,337	1 183	1.079	1,040	500	1 020	40,4		3 3	8 9	200	1.003	900	
30-UR 42-UR 54-UR 56-UR 78-UR 50-UR 114-UR 126-UR 138-UR 150-UR 1		1 357	1.08	4		8	200	2	5	3	3	8	.00	8	
30-UR 42-UN 54-UN 56-UN 78-UN 90-UN 102-UN 114-UN 126-UN 138-UN 150-UN 162-UN 174- 79 1458 1.227 1.136 1.092 1.065 1.044 1.028 1.016 1.012 1.006 1.005 1.003		•	3	200	2	020.1	OZO.	ero.r	1,010	900:	1.00	1.003	1.002	1.002	1.002
79 1.458 1.227 1.136 1.092 1.065 1.044 1.028 1.016 1.012 1.000 1.005 1.003		18.14	11 1 VE	47.07	77.173	11.00							i		
1.458 1.227 1.136 1.092 1.065 1.044 1.028 1.018 1.012 1.008 1.005 1.003			20-08	16-74	5	10 - 20 20 - Cit	185 185 185 185 185 185 185 185 185 185	\$ \$	102-UK	114-UI	126-UR	138-04	150-UR	162-UI	174-01
1,006 1,009 1,009 1,009		1.979	1.458	1 227	8711	1 000	190	,							
					3			Ś	1.020	3.0.7	1.012	1.008	1.005	1,003	1.002

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limits

Trend

(1) Frequency Trend [page 2, (7)]	1.068
(2) Severity Trend [page 3, (7)]	1.019
(3) Frequency * Severity [(1)*(2)]	1.089
(4) Frequency * Severity Weight	20.0%
(5) Pure Premium Trend [page 4, (7)]	1.079
(6) Pure Premium Trend Weight [1-(4)]	80.09
(7) Indicated Trend [(3)*(4)+(5)*(6)]	1.084
(8) Selected Trend	1.084

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas. Louisiana and Pennsylvanie - 1,000,000/3,000,000 Limits

Frequency Trend

(S)(J) Fitted Frequency	5 Years 12.759 14.328 15.897 17.467 19.036	1.090
(5)(i) Fitted Frequency	6 Vears 12 082 13 191 14 401 15.722 17.164 18.739	1.092
(5)(h) Fitted Frequency	12.174 13.002 13.886 14.830 15.838 15.938	1.068
(5)(g) Fitted Frequency	11.247 12.044 12.897 13.811 14.790 15.960 16.960	1.071
(5)(t) Fitted Frequency 9 Years	9.650 10.490 11.402 12.394 13.472 14.643 15.917 17.301	1.087
(5)(e) Fifted Frequency 10 Years	8.850 9.625 10.467 11.383 12.379 13.463 14.641 14.922 17.315	1.088
(5)(d) Fitted Frequency 11 Years	7.641 8.385 9.201 10.097 11.080 12.158 13.342 14.641 16.066 17.630	1,097
(5)(c) Fitted Frequency 12 Years	6.877 7.558 8.338 9.131 10.037 11.032 12.125 13.327 14.649 16.101 17.697	1.099
(5)(b) Fitted Frequency 13 Years	6.496 7.108 7.778 8.510 9.312 10.189 11.149 13.348 14.605 15.980 17.485	1.094
(5)(a) Fitted Frequency 14 Years	6.115 6.669 7.273 7.932 8.651 9.435 10.290 11.222 12.239 13.348 14.557 15.876 17.314 18.883	1.091
(4) Observed Frequency 1001(2)(3)	6.680 7.175 6.674 6.676 6.797 8.395 11.037 11.231 12.291 14.996 12.775 14.169 16.335	
(3) Earned Exposures	8,137 7,957 7,834 7,834 7,833 6,930 5,041 4,793 5,678 6,418 5,638 5,758 5,758 5,758	
(2) Ultimate Claims (Exhibit 3)	542 571 573 508 508 601 498 556 556 698 875 820 836 958 524 7249	quency Trend uency Trend
Accident Year	1992 1993 1994 1995 1996 1997 1998 2000 2000 2002 2002 2003 2004	(6) Indicated Frequency Trend (7) Selected Frequency Trend

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,000 Limius

Severity Trend

Ξ	(2)	(3)	(4)	(5)(a)	(5Vb)	(57/5)	(EVA)	1.77					
	Ultimate	Ultimate	Observed	Fitted	Fifted	O VOV	(p)(c)	(e) (c)	9	(2)(3)	(4)(s)	(5)(i)	(2)(1)
Accident	rosses	Claims	Seventy	Severity	Severity	Controlle	Linea	Dept.	Fitted	Titled Titled	Fitted	Fitted	Fifted
Year	(Exhibit 2)	(Exhibit 3)	(2)(3)	14 Years	13 Years	12 Years	11 Years	Seventy 10 Vents	Severity	Severity	Seventy	Severity	Severity
								2 2 2 2 2	a rears	6 Years	7 Years	6 Years	5 Years
1992	27,110,236	542	50 029	43 724									
1993	27,777,693	571	48.658	740 47	000								
1994	17.746.278	523	30,040	100 CT	10,04	1							
1995	17 27R 224	304	200	0.00	38,480	35,504							
1001	440000000000000000000000000000000000000	8	70.00	0000	36,943	34,146	35,058						
066	OLE, SUS, 13	\$	36,258	36,616	35.405	32 841	32 023	***					
1997	16.070,526	498	32 283	34 836	22 960	1	23.023	187.56					
1998	23.402.620	358	42.063	3 6	20000	000	32.588	32,941	32,048				
1000	100000	3 5	700'74	33.05	32,331	30,377	31,353	31,636	20.050	20.700			
200	10,0/8,6/4	651	25,605	31.278	30 793	20 245	97.00		0.00	20.00			
2002	16,511,506	869	23.668	30 408	20.00	2000	2	36,330	29,771	29,679	23.239		
2007	21 601 (124	27.0	24.600		007'67	28,038	28,883	29,024	28,633	28 566	23 736	32 450	
	111111111111111111111111111111111111111	5	280 **	81.73	27,719	27,023	27 648	77 719	20 405	27 465		25,133	
200	15,942,718	820	19,445	25.939	26.181	25 000	9		Cet. 13	564.17	24,233	23,129	21,922
2003	19,585,455	836	23.430	24.460	2000	000.03	214,02	20,413	26,357	26,341	24,731	24.100	23,345
200	28 236 634	900		3.1.	**01*7	8	25,178	25.158	25.219	25.228	9CC 7C	0.00	000
	100,000,00	8	23.473	22,380	23,107	24.040	23 943	23 803	24.004		0 1 1 1	0,00	24.708
5002	33,451,245	1,249	26,788	20.601	21 570	22 420	0 00	20.00	00'+2	24,115	25.725	26,040	26.191
						٠٠. ١٤٥	6,70	77,430	22,943	23,002	26,222	27,011	27,614
(6) Indicated Severity Trend	evenity Trend			0.920	0.033	Cac	4	:					
						4.30k	3	2 S	0.953	0.954	1.019	1.037	1054
(7) Selected Severity Trend	verity Trend			1.019									•

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American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - 1,000,000/3,000,00.0 Limits

Pure Premium Trend

(5Xi) Fitted Pure Premium	2,759 2,759 3,381 4,003 4,625	1.134
(5X!) Fitted Pure Premium	6 Years 2,541 3,053 3,565 4,076 6,000	1.112
(5)(h) Fitted Pure Premium	7 Vears 2,703 3,059 3,416 4,128 4,484 4,884 6,840	1,079
(5)(g) Fitted Pure Premium	3.303 3.468 3.788 3.798 4.128 4.459	1.038
(5)(1) Fitted Pure Premium 9 Years	2.977 3.170 3.564 3.557 3.557 3.557 4.331 4.331	1,045
(5)(e) Fifted Pure Premium 10 Years	2.924 3.095 3.266 3.437 3.609 3.780 3.951 4.123 4.465	1.040
(5)(d) Fitted Pure Premium 11 Years	2,599 2,792 2,985 3,178 3,372 3,565 3,758 3,951 4,145 4,338	1.045
(5)(c) Fitted Pure Premium 12 Years	2,442 2,581 2,584 2,884 3,049 3,223 3,407 3,601 4,025 4,025 4,025	1.057
(5)(b) Fitted Pure Premium 13 Years	2.530 2.685 2.8840 2.994 3.149 3.304 3.459 3.459 3.924 4.079 4.234	1.037
(5)(a) Fitted Pure Premium 14 Years	2,621 2,748 2,876 3,104 3,131 3,259 3,386 3,514 3,642 3,642 4,152 4,152 4,152	1.031
(4) Observed Pure Premium (2)/(3)	3,332 3,491 2,255 2,270 3,190 2,710 4,842 3,702 2,484 3,702 2,484 4,904 4,904	
(3) Earned Exposures	8.137 7.957 7.834 7.613 6.836 5.930 5.041 4.793 5.676 5.834 6.418 5.897 5.897 5.937 5.937	
(2) Ultimate Losses (Exhibit 2)	27,110,236 27,777,693 17,746,278 17,278,224 21,803,910 16,070,526 16,678,674 16,511,506 21,601,024 16,542,718 19,585,455 28,236,634 33,451,245	Premium Trend Premium Trend
(1) Accident Year	1992 1993 1994 1995 1996 1999 2000 2001 2002 2002 2002 2004 2005	(6) Indicated Pure Premium Trend (7) Selected Pure Premium Trend

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

Target Loss and LAE Ratio

(1) Commission	
	20.5%
(2) Other Acquisition Expense	0.5%
(3) General Expense	1.0%
(4) Taxes, Licenses and Fees	3.5%
(5) Profit and Contingencies	
(a) Underwriting Profit Provision	10.0%
(b) Contingencies	%0.0
(4) Total (15/12) (2) (2)	-12.4%
(a) 10(a)(a)+(b)(b)+(b)(c)]	-2.4%
(6) Target Loss and LAE Ratio [1-(1)-(2)-(3)-(4)-(5)(d)]	76.9%

American Psychiatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countrywide Excluding Kansas, Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

Investment income Offset

(5)	Discounted Payment Emergence (3)*(4)	0.033 0.079 0.132 0.155 0.095 0.095 0.066 0.063 0.003 0.002 0.005 0.002 0.002	0.824
(4)	Discount President Em	0.971 0.834 0.863 0.863 0.767 0.757 0.738 0.710 0.656 0.631 0.606 0.583 0.583	
(3)	Payment Emergence¹	0.034 0.084 0.147 0.147 0.136 0.086 0.086 0.032 0.003 0.003	column (5)]
(2)	Ultimate Factor (Exhibit 2)	29.532 8.449 3.767 2.244 1.720 1.429 1.147 1.089 1.052 1.036 1.028 1.020 1.020 1.020	ount Factor (total
(1)	Maturity	18 30 42 54 66 66 78 90 114 114 115 115 115 1174 Ultimate	(6) Indicated Discount Factor (total column (5))

^IInverse of column (2) entry less inverse of prior column (2) entry except first entry. First entry is inverse of column (2) entry. ²Indicated discount factor tempered ten percent.

0.839

-12.4%

(8) Investment Income Offset [((7)-1)/(7)*(1-Exhibit 5, (1) to (5)(b))]

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American Psychlatric Association Endorsed Professional Liability Insurance Program Rates Effective January 1, 2007 to December 31, 2007

Countywide Excluding Kansas. Louisiana and Pennsylvania - Occurrence - 1,000,000/3,000,000 Limits

Countrywide Indication

	Ì	2	€	(2)	(9)	(2)	(8)	(6)
Accident Year	Projected Loss and LAE (Exhibit 2)	Midpoint Experience Period	Years to 1/1/2008	Trend Factor 1.084^(4)	Trended Loss and LAE (2)*(5)	On-Level Eamed Premium	Trended On-Level Loss and LAE Ratio	Reported
	77 110 000				(2) (3)	(EXNIDIC 1)	(6)/(7)	Claims
	27,110,236	7/1/1992	15.500	707 6	4 6 6 6 6			
	27,777,693	7/1/1993	14 500	7 (P	94,642,712	69,200,108	136.8%	ž
	17.746.278	7/4/4004	14.500	3.221	89,458,326	68,707,772	130.2%	,
	17 278 224	100	13.500	2.971	52,723,301	67 RO4 042	20.4.70	200
	17,012,11	//1/1995	12.500	2.741	47 354 000	740,400,00	17.8%	229
	21,803,910	7/1/1996	11.500	0000	776'400'14	64.960,484	72.9%	504
	16,070,526	7/1/1907	200	2707	55,127,858	55,731,448	%5 86 6	è
	23.402.620	2/1/1000	0.500	2.332	37,483,278	46.628.103	80.49	t 5
	15 670 674	000	9.200	2.152	50.355 008	40 257 173	2 2 2	463
	470,070,01	7/1/1999	8.500	1 985	23 406 262	711,102,04	125.1%	22
	16,511,506	7/1/2000	7.500	200	297,001,00	37,521,294	88.0%	624
	21,601,024	7/1/2004	9 500	200	30,234,744	44.053,483	89.6%	A 75.55
	15.942 718	7/4/2002	0000	1.589	36,489,227	45,398,602	BO 4%	60.0
	10 595 455	717 10000	2000	1.558	24,844,109	48 777 555	20.00	6
	2010000	11112003	4.500	1.438	28 155 545	140000	8.50	17.5
	28,230,634	7/1/2004	3.500	1 326	27 446 064	0.70,000,00	62.8%	581
	33,451,245	7/1/2005	2 500	000	100,044,75	42,895,105	87.3%	857
			2°.360	1.223	40,924,639	44,464,306	92.0%	631
anded O	(10) Trended On-Level Loss and I AE Parkal	I AS Daka						
								140
edibility ((11) Credibility of Trended On-Level Loss and LAE Ratio ((1.537/1.537/4) S	vel Loss and LAE	E Ratio ((1.537/	537W0 S				800
			5	form / cont				1.000
rget Los:	(12) Target Loss and LAE Ratio [Exhibit 5, line (6)]	Exhibit 5, line (6)						!
								76.9%
scated C	[13] Indicated Countrywide Rate Level Change [((10)*(11)*(12)*(1-(11))/(12)-1]	-evel Change [((10)*(11)+(12)*(-41111W(1211)				
Control Co		:	•	Fi (= 1) J (1)				+0.2%
יברופת הי	Section Could wide Rale Level Change	evel Change						•
								+0.2%

'Weighted average of last seven column (8) entries, excluding highest and lowest. On-level eamed premium from column (7) used as weights.

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NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. Psychiatrists Professional Liability Program ILLINOIS 2007

I. Base rate for \$500,000/\$1,500,000 Occurrence Coverage:

Territory 1

(Cook, Dupage, Kane, Lake, Madison, McHenry, St. Clair & Vermillion, Will)

Territory 2 — (Champaign, Jackson, Kankakee, LaSalle, Sangamon)

Territory 3 — (Rest of State)

\$20,970
\$16,760
\$12,154

II. Limits Factors

\$100,000/\$300,000	.711
\$200,000/\$600,000	.789
\$250,000/\$750,000	.816
\$300,000/\$900,000	.842
\$400,000/\$1,200,000	.895
\$500,000/\$1,500,000	1.000
\$1,000,000/\$3,000,000	1.057
\$2,000,000/\$6,000,000	1.353

III. Claims-made Conversion Factors (% of occurrence premium)

Number of years Claim-Made Coverage:

First Year	0.315
Second Year	0.585
Third Year	0.765
Fourth Year	0.855
Fifth Year and Thereafter	0.900

IV. Extended Reporting Claims Endorsement

% of mature Claims-Made Premium:

First Year	100%
Second Year	125%
Third Year	140%
Fourth Year	150%
Fifth Year and Thereafter	175%

Rule 1. Rating Profile Items

A member may receive the FYIP, SYIP, TYIP (&/or MILITARY) only once. The discount applies to the first (second or third) year immediately following the completion of residency or fellowship, regardless of interruption of time.

A member may receive the MIT discount more than once. The requirement is that the member is eligible for the MIT so long as the APA has reclassified his/her membership status accordingly.

If both an active part-time credit and an active F,S, TYIP credit are among the rating profile items, the higher credit of the two shall apply.

MIT credit cannot be combined with a part-time credit.

The current listing of Rating Profile Items (Program discounts, surcharges, credits & debits), is as follows:

Neurology	2x Psychiatri	st Base Premium
Neurology with Special Procedures	4x Psychiatrist Base Premium	
Child & Adolescent Psychiatry (C&AP)	15% Premium Discount	
Early Career Psychiatrists (includes military) Occurrence, Modified Occurrence and Claims-made	FYIP SYIP	60%Credit 40%Credit
Pre-Paid Tail Policies only	TYIP	35%Credit
Early Career Psychiatrists (includes military) Claims-Made Policies only	FYIP SYIP TYIP	50%Credit 25%Credit 25%Credit
Member in Training (MIT)	50%Credit	
Part-Time Practice	1-10 Hours 11-15Hours 16-20Hours	50%Credit 40%Credit 30%Credit
Experience & Schedule Rating Program	See separate	sections
Psychoanalytic Certification	5%Credit	
Risk Management Seminar	5%Credit	

Rule 2. Vicarious Liability

The additional premium for vicarious liability coverage is determined as follows:

VICARIOUS LIABILITY Additional Premium for Separate Limit (Policy Coverage B)

No. of Employees/Independent Contractors	Percent of final individual modified premium
0-3	10%
4-10	25%
11-25	50%
Over 25	100%

VICARIOUS LIABILITY Additional Premium for Shared Limit (Policy Coverage A)

(1 oney coverage A)		
No. of Employees/Independent Contractors	Percent of final individual modified premium	
1-3	5%	
4-10	15%	
11-25	25%	
Over 25	100%	

Rule 3. Premium Rounding

All premiums shall be rounded to the nearest whole dollar. Amounts that are less than 50 cents shall be dropped. Increase amounts that are 50 cents or more to the next whole dollar.

Rounding procedures to be followed are taken from the Insurance Service Office, Inc. rules.

RATES: Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill, e.g., .1245 = .125

PREMIUM: Round the premium for each coverage for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over the next higher whole dollar.

Rule 4. Maximum 50% Credit

Maximum 50% credit (discount) applies subject to the following exclusions:

First Year in Practice (FYIP is 60%)
Experience factor is not included
Schedule factor is not included
Psychoanalytic Cert. factor is not included
Risk Management Seminar factor is not included
Child and Adolescent (C & AP) is not included

Rule 5. Prior Acts Endorsement

The following rating is used when a member converts the claims-made policy to occurrence and does not purchase extended reporting endorsement from the prior carrier. Prior Acts Endorsement will be effective the inception date of the occurrence policy and cover claims reported after the cancellation date which occurred between the retroactive date and cancellation date of the claims-made policy.

This rating will be used in situations where the member's most recent previous carrier was The Psychiatrists' Program and for some reason the member allowed occurrence policy to lapse. The lapsed period cannot exceed one year and must meet acceptable underwriting criteria.

1 st year in CLAIMS MADE Coverage	70% of Occurrence Premium
2 nd year in CLAIMS MADE Coverage	110% of Occurrence Premium
3 rd year in CLAIMS MADE Coverage	135% of Occurrence Premium
4 th year in CLAIMS MADE Coverage	145% of Occurrence Premium
5 th year and after in CLAIMS MADE Coverage	160% of Occurrence Premium

Rule 6. Tail Coverage (Extended Reporting Period)

Tail premium calculation process is <u>EXACTLY</u> the same process as for Primary Coverage regarding the application of all discounts, surcharges, credits, & debits, including short rate and prorata factors.

Tail pricing is based off of the Numbers of Years written under a Claims Made contract. **FREE TAIL COVERAGE**

1. Claims-Made Contract. Tail coverage is free in the event of DEATH or PERMANENT DISABILITY, or when a member reaches age 55 or older and has been insured under a Psychiatrists' Program Claims-Made contract for at least 5 consecutive years immediately prior to permanent retirement. It is also free when a member has been insured with the Psychiatrists' Program under a claims-made contract for 10 consecutive or more years provided at the time of cancellation, the annual premium has **not been** experience rated anytime during the ten year period and the insured requested the cancellation of coverage.

Rule 6. Tail Coverage (Extended Reporting Period) (cont'd.)

- 2. **Modified Occurrence Contract.** Tail coverage is included at no additional cost upon termination or non-renewal, for any reason.
- 3. Claims-Made with Prepaid Tail Contract. Same as Modified Occurrence Contract.

Rule 7. Experience Rating Guidelines

The following Experience Rating Guidelines applies:

ı	Severity –
	(Use last five-year experience period prior to renewal application)

Indemnity payment \$30,000 to \$50,000 10% per claim Indemnity payment \$50,001 to \$99,999 20% per claim

Open or closed claim with Indemnity payment

or reserve \$100,000 or more 30% per claim plus 10% each \$50,000 increment above

\$50,000 increment abov

\$100,000

Frequency (Open and Closed claims with incurred and/or reserved indemnity and expenses totaling \$10,000 and above).

Two claims reported within any 12-month period in

last three years. 25% each claim

Three claims reported within last five years. 50% each claim

Liability (Open and closed claims within last 5 years)

a. Deviation from standard of care
b. Non-cooperation with policy conditions
50%-non-renewal
50%-non renewal

c. Undue familiarity

Insured admission non-renewal
Settlement by carrier and/or insured non-renewal

Rule 8. | Schedule Rating Plan – Individual Program

The following schedule rating criteria can be used to establish the adjusted annual premium per participant.

Refer to the following, which discusses the underwriting intention for considering risk characteristics not otherwise contemplated in the base rate.

The rating schedule is intended to create an overall risk profile of the insured. Multiple characteristics should be weighted and evaluated based on measurable statistics, (i.e. practice time, number of patients, length of training or experience or lack thereof, etc)

This program is mandatory and to be administered consistently with each insured or prospective insured.

Schedule rating characteristics

Adjustment to base rate of +/- 40% requires management approval except where indicated below.

A. PRACTICE SETTING:

Detention Facilities: This includes jails, juvenile centers, detention centers and prisons. Risks associated with this exposure are generally related to frequency rather than severity. Individuals kept in these facilities are typically litigious who spend significant time reviewing case law and figuring out ways to file suits. (Jail House Lawyers). In most **federal** facilities, the employees enjoy sovereign immunity, which means they cannot be sued. Therefore, our physician which is usually a contractor is left as the "deep pocket" and the only person available for potential recovery of alleged damages.

All other type of government or community facilities may or may not have statutes protecting the employees against liability. It will vary by state and county. There may also be protection for these individuals through the facility's professional liability insurance carrier. Hold harmless indemnification clauses are standard in these contractual relationships. Therefore, it is important to understand the working arrangement between the insured and the facility to measure the degree of increased liability for our participant. 5% debit

Patient recruitment practices: The probability of increased liability is common for those practices utilizing techniques for patient recruitment considered entrepreneurial and absent of credible medical necessity. For example, advertisements made outside of the practice area, bonuses given for patient referrals or profits generated by the care the physicians and other treating professionals rendered to their patients are some examples of techniques that could cause litigation.

The Underwriter should review the entire profile of the participant to determine the extent of increased liability if they are involved in a practice location or facility that engages in this activity. As a result of increased media concentration on these practices, many facilities have taken measures to terminate these

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Rule 8. Schedule Rating Plan – Individual Program (cont'd.)

practices. However, the amount of time the participant has been associated with this activity should be considered. 40% debit or convert the insured to a claims – made policy form.

Home based practice: An insured working from the home is not uncommon in the practice of psychiatry. Many part-time women, who also are raising a family and want to continue practicing, conduct a small practice from their home. It is however, also understood that these individuals, maintain relationships with the community and medical mental health professionals for continued education and referral capabilities.

The liability for a participant is considered increased when an individual has chosen to work from the home because they cannot obtain clinical or hospital affiliations. The ongoing mentoring of colleagues is not present and the psychiatrist has no peer review of his/her practice activities. This practice profile may require intervention and additional interviewing by PRMS risk management to ascertain the degree of adverse risk. 30% debit

Facility has been subject to license or accreditation disciplinary action or federal investigation or prosecution, mass tort litigation or investigative reporting. If an insured is affiliated with a facility that has recently been subject to any of these issues it is probable that the insured may have an increased liability. The effect of patient knowledge of these actions and media attention could place our insured in a position to be "guilty by association".

The underwriter should utilize all reference information relative to this facility and determine the degree of involvement of our insured directly related to the facility's adverse risk characteristics. 40% debit

Clinical teaching activities exceed 50% of total practice time: Although the insured involved in this activity is competent to teach other medical professionals, the increase of patient volume related to this activity is considered an additional liability exposure. 10% debit

B. NATURE AND SCOPE OF PRACTICE

Treatment of Borderline Personalities and Multiple Personality disorders: Incidental treatments of these disorders are contemplated in the base rates. However, the underwriter should consider the number of patients and time devoted by the participant to these treatments. In addition, treatment modality must be questioned by the underwriter and discussed with PRMS risk management for unconventional activities by the insured. 40% debit

Treatment of pain management: Patients seeking psychiatric services for the management of pain are almost always associated with other medical treatments or illnesses. For this reason, treatment of pain management can increase the liability where our insured would be involved in a claim along with other treating physicians. The underwriter should discuss the volume of patients and practice time devoted to this activity. In addition, the treatment modalities should be discussed with PRMS risk management to

Rule 8. Schedule Rating Plan – Individual Program (cont'd.)

determine standard of care. Psychiatrists utilizing anesthesia for pain management is to be referred to management for consideration of continued insurability. 40% debit

Use of abreaction, rage; sodium amytal, sex and recovered memory therapies: The base rate does not contemplate treatment by use of these types of therapies. Any insured utilizing these therapies should be discussed with PRMS risk management after the underwriter has secured information from the participant regarding the patient volume and practice time affiliated with these therapies. All insured members utilizing these therapies should be referred to management for consideration of continued insurability. 40% debit

Supervision of/Consultation with professionals in 2, 3 and 4 above: Although the insured may not directly treat patients or use these therapies, they incur vicarious liability for the supervision of professionals who do. In addition, consultation is defined as professional services rendered and does not decrease the insured liability. Therefore, the premium should be increased as a result of this exposure. 40% debit

Above average daily patient volume: An average daily patient volume of 25 is contemplated in the base rates. Any practice where the patient volume is greater should be considered as an increased risk and priced accordingly. **30% debit**

Adverse risk not contemplated in the base rate: This category should be used when the underwriter determines that the participant's exposure generates a risk not-otherwise discussed in the above criteria and was not contemplated in the usual and customary definition of psychiatric professional services but meets underwriting approval for coverage. Use of this category requires management approval in all cases.

Rule 9. Group Accounts

Eligibility

The medical groups that will be considered for Coverage B of the policy will be professional corporations, partnerships, or associations operated by behavioral healthcare professionals. The entity will also have psychiatrist affiliation with at least 50 % of the psychiatrists being members in good standing with the American Psychiatric Association.

Rates

Each Psychiatrist Insured will be rated in accordance with the individual program rules and rates.

Rule 9. Group Accounts (cont'd.)

Individual coverage for other behavioral healthcare professionals will be rated as a percentage of the psychiatrist rate for that rating area.

•	Psychologists:	.20
•	Social Workers	.03
•	Therapists:	.03
•	Nurses:	.05
•	Nurse Practitioner	.30

Vicarious liability coverage for the medical group for employed or contracted behavioral healthcare providers not insured under the policy will be priced at 10% of the otherwise applicable premium rate (including discounts).

Medical group premium will be priced based on the following:

Number of	Percentage of
Insured employees/contractors.	Insured Psychiatrist Base Rate
2-5	10%
6-10	15%
11-20	20%
over 20	25%

The sum of the individuals, medical group and vicarious liability premium will determine the total premium of the medical group.

Non-psychiatrist insureds can share the limit of liability of the medical group.

The base rate for each insured sharing the limit with the group entity will be reduced by 10% when the total number of insured psychiatrists in the group exceeds 5 on an annual basis.

The base rate for each insured sharing the limit with the group entity will be reduced by 5% when the total number of insured psychiatrists in the group is 5 or less on an annual basis.

A schedule rating credit/debit can then be applied to the total premium of the medical group in accordance with the Schedule Rating Group Rules, (see attached).

Limits of Liability

Refer to policy Limits of Liability Section, Coverage A and Coverage B for application of limits for individual insureds, medical corporations, partnerships, and associations. Refer to the rate schedule for the applicable limits for each state.

Rule 9. Group Accounts (cont'd.)

Claims-Made

The retroactive date can be advanced only at the request or with the written acknowledgment of the insured.

Group Vicarious Liability Surcharge Endorsement

If a scheduled insured under the group policy terminates coverage and does not elect to purchase the extended reporting endorsement, the group premium will be surcharged 10% of the quoted ERP premium. The surcharge is applicable as a result of the vicarious liability exposure to the group for the professional services rendered by the insured while working on behalf of the group. The surcharge will be waived if the cancelled insured provides proof of prior acts coverage from the new carrier for the period insured under the group policy.

Other Physician Coverage

The Program will consider coverage for individual physicians affiliated with the medical group who are not psychiatrists (i.e. internists, pediatricians, family/general practice). The rate for these physicians will be calculated in accordance with the <u>filed</u> class relativity differential (psychiatry to other specialty) of the major medical professional liability insurance carrier in that state. The calculated relativity will then be applied to the base psychiatry rate used in this Program's individual rates.

Outside Medical Group Practice Activity

Coverage will be considered for an insured who has a medical practice outside the scope of his/her affiliation with the medical group. The outside practice is subject to underwriting and if accepted will be rated in accordance with the medical specialty rate and total practice hours applicable to all practice activities for which coverage has been provided.

Rule 10. Schedule Rating Plan – Group Accounts

The following modifications may be applied to recognize special characteristics that are not fully recognized in the basic rate(s) or premium. The maximum credit/debit shall not exceed +/-5. The schedule rating program is mandatory and to be administered consistently for each insured or prospective insured.

Management (+/- 5)

Management has demonstrated adequate control and monitoring of the risks and exposures of the organization. The financial condition of the Medical Group is favorable. An example of a

Medical Group which would receive a credit would employ a dedicated risk manager and have favorable financial ratios.

Rule 10. Schedule Rating Plan – Group Accounts (Cont'd)

Employees (+/-5)

The applicant has established a continuing professional education program for its employees and encourages certification in their respective specialties. There must be a statement in the employee handbook advocating continuing education. The Medical Group agrees to pay all or some of the tuition fees and/or related educational expenses. Further, the composition of the Medical Group will be 50% or greater of the employee population having board certification or similar advanced degrees for a maximum credit to be granted. If the percentage is lower, but still substantial, and the other criteria described above are met, a lesser credit may be granted. If none of the above, a debit will be made.

Risk Management (+/-5)

The applicant has an established and working risk management program to minimize the frequency and severity of claims. A Medical Group which has an incident reporting system, occurrence screening, and other mechanisms to address potential and actual claims would receive a maximum credit. If none of these mechanisms are in place, a debit will be made.

Medical Records/Informed Consent (+/-5)

The applicant has a system in effect for concurrent and retrospective review of medical records and informed consent documents. If the Medical Group has a medical records system only or an informed consent system only, no debit or credit is available. If both systems are in effect, a credit is available. If neither system is in effect, a debit will be made.

Performance of experimental procedures (+/-5)

If the medical group practice includes procedures that are considered experimental, but that are performed within the prescribed guidelines, controlled studies, or : "protocol" established by the manufacturer or similar entity, there will be no debit or credit, however if the experimental procedures are not subject to the protocol, a debit of up to 10% will be applied. Since the underlying program's rates reflect the assumption that insureds will not be performing experimental procedures, no credit will be given under any circumstances and under this category i.e. there will be no credit if experimental procedures are not utilized.

Rule 11. Locum Tenens

A Locum Tenens ("hold the place of") works in place of a Named Insured or Additional Named Insured, never at the same time. The Locum Tenens doctor must be underwritten in the same specialty classification as the Named Insured or Additional Named Insured. The program will allow Locum Tenens coverage for a maximum total of 45 days each policy year.

There is no charge for this coverage.

Rule 12. Suspension of Insurance

An insured may request suspension of insurance, due to disability or to accommodate a sabbatical leave of training. The insured will not be covered for claims or suits which arise based on an occurrence within the period of suspension. The insured is entitled to report claims during the period of suspension which arise from occurrences when the policy was in force and not on suspense.

Suspension may be secured for a minimum period of 90 consecutive days and for a maximum of one year. This option is allowed only once every four years except for reason of disability.

Billing for the current quarter(s) is suppressed, and a refund for the quarter(s) or remainder of quarter(s) affected is made to the insured.

Charge 25% of the claims-made rate.

Rule 13. Policy Minimum Premium

A minimum annual premium of \$1000.00 for any one policy with limits of \$1,000,000/\$3,000,000 or lower will be applied.

A minimum annual premium of \$2000.00 for any one policy with limits of \$2,000,000/\$6,000,000 will be applied.

Rule 14. Quarterly Premium Installment Plan

Quarterly Premium Installment Plan: The charge for premium installments shall be the lesser of one percent (1%) of the total premium or \$25.00 per installment. There will be no interest charges on installment payments. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy will be billed immediately as a separate transaction.

First Quarter = 40% Second Quarter = 20% Third Quarter = 20% Fourth Quarter = 20%

Rule 1. Rating Profile Items

A member may receive the FYIP, SYIP, TYIP (&/or MILITARY) only once. The discount applies to the first (second or third) year immediately following the completion of residency or fellowship, regardless of interruption of time.

A member may receive the MIT discount more than once. The requirement is that the member is eligible for the MIT so long as the APA has reclassified his/her membership status accordingly.

If both an active part-time credit and an active F,S, TYIP credit are among the rating profile items, the higher credit of the two shall apply.

MIT credit cannot be combined with a part-time credit.

The current listing of Rating Profile Items (Program discounts, surcharges, credits & debits), is as follows:

Neurology	2x Psychiatris	st Base Premium
Neurology with Special Procedures	4x Psychiatrist Base Premium	
Child & Adolescent Psychiatry (C&AP)	15% Premium Discount	
Early Career Psychiatrists (includes military) Occurrence, Modified Occurrence and Claims-made Pre-Paid Tail Policies only	FYIP SYIP TYIP	60%Credit 40%Credit 35%Credit
Early Career Psychiatrists (includes military) Claims-Made Policies only	FYIP SYIP TYIP	50%Credit 25%Credit 25%Credit
Member in Training (MIT)	50%Credit	
Part-Time Practice	1-10 Hours 11-15Hours 16-20Hours	50%Credit 40%Credit 30%Credit
Experience & Schedule Rating Program	See separate	sections
Psychoanalytic Certification	5%Credit	
Risk Management Seminar	5%Credit	process required and account of the state of

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Rule 2. Vicarious Liability

The additional premium for vicarious liability coverage is determined as follows:

VICARIOUS LIABILITY Additional Premium for Separate Limit (Policy Coverage B)

No. of Employees/Independent Contractors	Percent of final individual modified premium
0-3	10%
4-10	25%
11-25	50%
Over 25	100%
0 101 223	100/0

VICARIOUS LIABILITY Additional Premium for Shared Limit (Policy Coverage A)

No. of Employees/Independent Contractors	Percent of final individual modified premium
1-3	5%
4-10	15%
11-25	25%
Over 25	100%

Rule 3. Premium Rounding

All premiums shall be rounded to the nearest whole dollar. Amounts that are less than 50 cents shall be dropped. Increase amounts that are 50 cents or more to the next whole dollar.

Rounding procedures to be followed are taken from the Insurance Service Office, Inc. rules.

RATES: Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill, e.g., .1245 = .125

PREMIUM: Round the premium for each coverage for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over the next higher whole dollar.

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Rule 4. Maximum 50% Credit

Maximum 50% credit (discount) applies subject to the following exclusions:

First Year in Practice (FYIP is 60%)
Experience factor is not included
Schedule factor is not included
Psychoanalytic Cert. factor is not included
Risk Management Seminar factor is not included
Child and Adolescent (C & AP) is not included

Rule 5. Prior Acts Endorsement

The following rating is used when a member converts the claims-made policy to occurrence and does not purchase extended reporting endorsement from the prior carrier. Prior Acts Endorsement will be effective the inception date of the occurrence policy and cover claims reported after the cancellation date which occurred between the retroactive date and cancellation date of the claims-made policy.

This rating will be used in situations where the member's most recent previous carrier was The Psychiatrists' Program and for some reason the member allowed occurrence policy to lapse. The lapsed period cannot exceed one year and must meet acceptable underwriting criteria.

1 st year in CLAIMS MADE Coverage	70% of Occurrence Premium
2 nd year in CLAIMS MADE Coverage	110% of Occurrence Premium
3 rd year in CLAIMS MADE Coverage	135% of Occurrence Premium
4th year in CLAIMS MADE Coverage	145% of Occurrence Premium
5 th year and after in CLAIMS MADE Coverage	160% of Occurrence Premium

Rule 6. Unlimited Tail Coverage (Extended Reporting Period)

Tail premium calculation process is <u>EXACTLY</u> the same process as for Primary Coverage regarding the application of all discounts, surcharges, credits, & debits, including short rate and prorata factors.

The premium is based on the expiring annual premium written under a claims-made contract per the following Extended Claim Reporting Period (ERP) factors:

Claims-Made Year	ERP Factor
First Year	100%
Second Year	125%
Third Year	140%
Fourth Year	150%
Fifth Year and Thereafter	175%

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The tail coverage (extended reporting period) endorsement that is issued for the purchased tail or the free tail provides unlimited tail coverage.

FREE TAIL COVERAGE

- 1. Claims-Made Contract. Unlimited tail coverage is free in the event of DEATH or PERMANENT DISABILITY, or when a member reaches age 55 or older and has been insured under a Psychiatrists' Program Claims-Made contract for at least 5 consecutive years immediately prior to permanent retirement. It is also free when a member has been insured with the Psychiatrists' Program under a claims-made contract for 10 consecutive or more years provided at the time of cancellation, the annual premium has not been experience rated anytime during the ten year period and the insured requested the cancellation of coverage.
- 2. **Modified Occurrence Contract.** Tail coverage is included at no additional cost upon termination or non-renewal, for any reason.
- 3. Claims-Made with Prepaid Tail Contract. Same as Modified Occurrence Contract.

Rule 7. Experience Rating Guidelines

The following Experience Rating Guidelines applies:

Severity (Use last five-year experience period prior to renev	val application)
Indemnity payment \$30,000 to \$50,000	10% per claim
Indemnity payment \$50,001 to \$99,999	20% per claim
Open or closed claim with Indemnity payment	
or reserve \$100,000 or more	30% per claim plus 10% each
	\$50,000 increment above
	\$100,000
Frequency (Open and Closed claims with incurred and/or retotaling \$10,000 and above). Two claims reported within any 12-month period in	eserved indemnity and expenses
last three years.	25% each claim
Three claims reported within last five years.	50% each claim
Liability (Open and closed claims within last 5 years)	
a. Deviation from standard of care	50%-non-renewal
b. Non-cooperation with policy conditions	50%-non-renewal
c. Undue familiarity	
Insured admission	non-renewal
Settlement by carrier and/or insured	non-renewal DIVISION OF INSUR
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Rule 8. Schedule Rating Plan – Individual Program

The following schedule rating criteria can be used to establish the adjusted annual premium per participant.

Refer to the following, which discusses the underwriting intention for considering risk characteristics not otherwise contemplated in the base rate.

The rating schedule is intended to create an overall risk profile of the insured. Multiple characteristics should be weighted and evaluated based on measurable statistics, (i.e. practice time, number of patients, length of training or experience or lack thereof, etc)

This program is mandatory and to be administered consistently with each insured or prospective insured.

Schedule rating characteristics

Total adjustment for all items combined cannot exceed +/- 25%.

A. PRACTICE SETTING:

Detention Facilities: This includes jails, juvenile centers, detention centers and prisons. Risks associated with this exposure are generally related to frequency rather than severity. Individuals kept in these facilities are typically litigious who spend significant time reviewing case law and figuring out ways to file suits. (Jail House Lawyers). In most **federal** facilities, the employees enjoy sovereign immunity, which means they cannot be sued. Therefore, our physician which is usually a contractor is left as the "deep pocket" and the only person available for potential recovery of alleged damages.

All other type of government or community facilities may or may not have statutes protecting the employees against liability. It will vary by state and county. There may also be protection for these individuals through the facility's professional liability insurance carrier. Hold harmless indemnification clauses are standard in these contractual relationships. Therefore, it is important to understand the working arrangement between the insured and the facility to measure the degree of increased liability for our participant. 5% debit

Patient recruitment practices: The probability of increased liability is common for those practices utilizing techniques for patient recruitment considered entrepreneurial and absent of credible medical necessity. For example, advertisements made outside of the practice area, bonuses given for patient referrals or profits generated by the care the physicians and other treating professionals rendered to their patients are some examples of techniques that could cause litigation.

The Underwriter should review the entire profile of the participant to determine the extent of increased liability if they are involved in a practice location or facility that engages in this activity. As a result of increased media concentration on these practices, many facilities have taken measures to terminate these

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Rule 8. Schedule Rating Plan – Individual Program (cont'd.)

practices. However, the amount of time the participant has been associated with this activity should be considered. 25% debit or convert the insured to a claims – made policy form.

Home based practice: An insured working from the home is not uncommon in the practice of psychiatry. Many part-time women, who also are raising a family and want to continue practicing, conduct a small practice from their home. It is however, also understood that these individuals, maintain relationships with the community and medical mental health professionals for continued education and referral capabilities.

The liability for a participant is considered increased when an individual has chosen to work from the home because they cannot obtain clinical or hospital affiliations. The ongoing mentoring of colleagues is not present and the psychiatrist has no peer review of his/her practice activities. This practice profile may require intervention and additional interviewing by PRMS risk management to ascertain the degree of adverse risk. 25% debit

Facility has been subject to license or accreditation disciplinary action or federal investigation or prosecution, mass tort litigation or investigative reporting. If an insured is affiliated with a facility that has recently been subject to any of these issues it is probable that the insured may have an increased liability. The effect of patient knowledge of these actions and media attention could place our insured in a position to be "guilty by association".

The underwriter should utilize all reference information relative to this facility and determine the degree of involvement of our insured directly related to the facility's adverse risk characteristics. 25% debit

Clinical teaching activities exceed 50% of total practice time: Although the insured involved in this activity is competent to teach other medical professionals, the increase of patient volume related to this activity is considered an additional liability exposure. 10% debit

B. NATURE AND SCOPE OF PRACTICE

Treatment of Borderline Personalities and Multiple Personality disorders: Incidental treatments of these disorders are contemplated in the base rates. However, the underwriter should consider the number of patients and time devoted by the participant to these treatments. In addition, treatment modality must be questioned by the underwriter and discussed with PRMS risk management for unconventional activities by the insured. 25% debit

Treatment of pain management: Patients seeking psychiatric services for the management of pain are almost always associated with other medical treatments or illnesses. For this reason, treatment of pain management can increase the liability where our insured would be involved in a claim along with other treating physicians. The underwriter should discuss the volume of patients and practice time devoted to this activity. In addition, the treatment modalities should be discussed with PRMS risk management to

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determine standard of care. Psychiatrists utilizing anesthesia for pain management is to be referred to management for consideration of continued insurability. 25% debit

Use of abreaction, rage; sodium amytal, sex and recovered memory therapies: The base rate does not contemplate treatment by use of these types of therapies. Any insured utilizing these therapies should be discussed with PRMS risk management after the underwriter has secured information from the participant regarding the patient volume and practice time affiliated with these therapies. All insured members utilizing these therapies should be referred to management for consideration of continued insurability. 25% debit

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Above average daily patient volume: An average daily patient volume of 25 is contemplated in the base rates. Any practice where the patient volume is greater should be considered as an increased risk and priced accordingly. 25% debit

Risk not contemplated in the base rate: This category should be used when the underwriter determines that the participant's exposure generates a risk not-otherwise discussed in the above criteria and was not contemplated in the usual and customary definition of psychiatric professional services but meets underwriting approval for coverage. Use of this category requires management approval in all cases. +/-25%

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Eligibility

The medical groups that will be considered for Coverage B of the policy will be professional corporations, partnerships, or associations operated by behavioral healthcare professionals. The entity will also have psychiatrist affiliation with at least 50 % of the psychiatrists being members in good standing with the American Psychiatric Association.

Rates

Each Psychiatrist Insured will be rated in accordance with the individual program rules and rates.

Individual coverage for other behavioral healthcare professionals will be rated as a percentage of the psychiatrist rate for that rating area.

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Rule 9. Group Accounts (cont'd.)

•	Psychologists:	.20
•	Social Workers	.03
•	Therapists:	.03
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•	Nurse Practitioner	.30

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Medical group premium will be priced based on the following:

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The base rate for each insured sharing the limit with the group entity will be reduced by 5% when the total number of insured psychiatrists in the group is 5 or less on an annual basis.

A schedule rating credit/debit can then be applied to the total premium of the medical group in accordance with the Schedule Rating Group Rules, (see attached).

Limits of Liability

Refer to policy Limits of Liability Section, Coverage A and Coverage B for application of limits for individual insureds, medical corporations, partnerships, and associations. Refer to the rate schedule for the applicable limits for each state.

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Management (+/- 5)

Management has demonstrated adequate control and monitoring of the risks and exposures of the organization. The financial condition of the Medical Group is favorable. An example of a Medical Group which would receive a credit would employ a dedicated risk manager and have favorable financial ratios.

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The applicant has an established and working risk management program to minimize the frequency and severity of claims. A Medical Group which has an incident reporting system, occurrence screening, and other mechanisms to address potential and actual claims would receive a maximum credit. If none of these mechanisms are in place, a debit will be made.

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Locum Tenens Rule 11.

A Locum Tenens ("hold the place of") works in place of a Named Insured or Additional Named Insured, never at the same time. The Locum Tenens doctor must be underwritten in the same specialty classification as the Named Insured or Additional Named Insured. The program will allow Locum Tenens coverage for a maximum total of 45 days each policy year.

There is no charge for this coverage.

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Rule 12. Suspension of Insurance

An insured covered under a claims-made policy may request suspension of insurance, due to disability or to accommodate a sabbatical leave of training. The insured will not be covered for claims or suits which arise based on an occurrence within the period of suspension. The insured is entitled to report claims during the period of suspension which arise from occurrences when the policy was in force and not on suspense.

Suspension may be secured for a minimum period of 90 consecutive days and for a maximum of one year. This option is allowed only once every four years except for reason of disability.

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The premium is calculated as 25% of the claims-made written premium and then pro-rated for the suspended period.

Rule 13. Policy Minimum Premium

A minimum annual premium of \$1000.00 for any one policy with limits of \$1,000,000/\$3,000,000 or lower will be applied.

A minimum annual premium of \$2000.00 for any one policy with limits of \$2,000,000/\$6,000,000 will be applied.

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Quarterly Premium Installment Plan: The charge for premium installments shall be the lesser of one percent (1%) of the total premium or \$25.00 per installment. There will be no interest charges on installment payments. Any additional premium resulting from changes to the policy will be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy will be billed immediately as a separate transaction.

First Quarter =	40%	
Second Quarter =	20%	Due 3 months from policy inception
Third Quarter =	20%	Due 6 months from policy inception
Fourth Quarter =	20%	Due 9 months from policy inception

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. Psychiatrists Professional Liability Program ILLINOIS 2007

I. Base rate for \$500,000/\$1,500,000 Occurrence Coverage:

Territory 1

(Cook, Dupage, Kane, Lake, Madison, McHenry, St. Clair & Vermillion, Will)

Territory 2 – (Champaign, Jackson, Kankakee, LaSalle, Sangamon)

Territory 3 – (Rest of State)

\$20,970

\$16,760

\$12,154

II. Limits Factors

\$100,000/\$300,000	.711
\$200,000/\$600,000	.789
\$250,000/\$750,000	.816
\$300,000/\$900,000	.842
\$400,000/\$1,200,000	.895
\$500,000/\$1,500,000	1.000
\$1,000,000/\$3,000,000	1.057
\$2,000,000/\$6,000,000	1.353

III. Claims-made Conversion Factors (% of occurrence premium)

Number of years Claim-Made Coverage:

First Year	0.315
Second Year	0.585
Third Year	0.765
Fourth Year	0.855
Fifth Year and Thereafter	0.900

IV. Extended Reporting Claims Endorsement

% of Expiring Annual Premium:

First Year	100%
Second Year	125%
Third Year	140%
Fourth Year	150%
Fifth Year and Thereafter	175%

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR IF & L.E.D